DOCTORAL THESIS

Researching the usefulness, if any, of the concept of embodiment to counselling psychologists working with individuals diagnosed with anorexia nervosa

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Researching the usefulness, if any, of the concept of embodiment to counselling psychologists working with individuals diagnosed with anorexia nervosa.

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ABSTRACT

This inquiry adopts the non-dualist stance of Merleau-Ponty regarding embodiment, where the "body" is considered to be a socially embedded lived experience (Merleau-Ponty, 1945/1962), and considers whether this concept is useful to counselling psychologists who work with individuals with a diagnosis of anorexia nervosa. The study adopts a horizonal structure arising from understandings of Gadamer's (1960) hermeneutics, which requires an awareness of the limitations afforded by different perspectives. Semi-structured interviews are conducted with eight practitioners of psychotherapy, who have experience with individuals diagnosed with anorexia nervosa. They are invited to speak about their experience of practice with these individuals, then to respond to a Merleau-Ponty quote regarding embodiment and to consider its usefulness in their work. Interview transcripts are thematically analysed (Braun & Clarke, 2006).

Initial themes conceptualise anorexia nervosa as *emotional control* and *denial of* needs; where it is helpful *to have a model of understanding; understand weight issues* but *don't' talk about food and weight,* be aware of *power-relations* and *avoid control battles, overemphasising weight gain and refeeding;* and to *understand ambivalence and work motivationally*. The findings suggest practitioners use knowledge, in the form of theories, to provide structure and a familiar language with which to explore clients' unfamiliar worlds. Embodied views are found to open up conceptualisations regarding *ontology* and *embeddedness*, where "anorexia" becomes an *ontological split, with controlling minds punishing bodies*, where *words aren't enough* and the symptoms are a paradoxical solution to problems of *power and agency*.

The study finds engaging with embodied views highlights the embedded nature of being, opens up ambiguity, challenges dichotomies and acknowledges non-psychological aspects of existence and practice. It is suggested this supports the humanistic value base of counselling psychology practice by raising awareness of the ways in which the use of theory

can help and hinder intersubjective contact with clients and the importance of embodying hermeneutic openness.

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CHAPTER ONE: INTRODUCTION

This study considers the concept of embodiment with particular reference to counselling psychologists' views, understandings and experiences of working with clients diagnosed with anorexia nervosa. The focus of inquiry is the concept of embodiment, where embodiment is defined with reference to Merleau-Ponty's (1945/1962) view of the body as socially embedded lived experience. This contrasts with the ambivalence traditional psychology has about the body, its potentially dualist notions of the mind and body as distinct and separate with a focus on the psyche (Overton, 2008; Wahl, 2003). This introduces a question regarding in what ways, if any, practitioners of counselling psychology acknowledge embodiment, in particular those working with a condition manifesting in such a strikingly embodied way, such as the diagnosis of anorexia nervosa. This leads to the question of whether acknowledgement of the concept of embodiment is of any use to practitioners with this client group. As a result the research question to be addressed by the inquiry is:

In what ways, if any, can the concept of embodiment assist the counselling psychologist in their work with clients diagnosed with anorexia nervosa?

The inquiry will use an overarching hermeneutic methodology emphasising that any interpretation must acknowledge the influence of the contexts in which that interpretation takes place (Gadamer, 1960; Krell, 1978). Gadamer (1960) views the hermeneutic as an attitude towards something; therefore he explores the conditions in which understanding takes place instead of describing a methodology. Having been influenced by Gadamer (1960), the researcher struggled to identify how a hermeneutic inquiry could be carried out, ideally it would be allowed to evolve as the researcher adopts a hermeneutic attitude towards the phenomena but this requires time for understandings to naturally emerge. Time limitations led the researcher to adopt a strategy of exploring the varying horizons of potential understandings of the concerns of this inquiry and to utilise qualitative thematic analysis to consider the data, as this is proposed to be a flexible method and therefore can

be used within a hermeneutic inquiry (Braun & Clarke2006). Hermeneutics acknowledges neither contexts nor meanings are static, evolving in relation to each other and presents a problematic in horizonal research since horizons are always changing for a person who is moving (Gadamer, 1960), so the most that can be achieved is to capture static moments within this constant flux. The research chapters are attempts to capture a number of static points within varying horizons, where each chapter tells us about a moment in time within those different horizons. The initial horizons chapter addresses how the researcher relates to the research question and the concepts encapsulated within it and as such considers an ontological horizon. The literature chapter addresses various understandings or perceived knowledge about embodiment, counselling psychology and the diagnosis of anorexia nervosa and therefore considers epistemological horizons. The horizonal methodology chapter considers the questions and problems presented by attempting to research the horizonal from a different horizon that is also shifting and so addresses the methodological horizon. This approach of exploring the varying horizons afforded by the different positions from which the research question can be viewed is a fundamental principle guiding hermeneutic inquiry (Gadamer, 1960) and therefore is the basis for structuring this inquiry around the setting out of varying horizons.

1.1 Overview of Research Inquiry

Chapter two begins by providing the initial horizons of the researcher by describing the emergence of the concept of embodiment from their observations of individuals with the diagnosis of anorexia nervosa and subsequent attempts to conceptualise and operationalise research terms to produce a research methodology. It outlines the evolution of an existential-phenomenological standpoint interested in individual's experiences from which emerged an emphasis on the need for contextualisation.

Chapter two then explores the main concept of embodiment with counselling psychology and the diagnosis of anorexia nervosa examined in relation to this. It considers

epistemologies by setting out various philosophical, theoretical and cultural viewpoints, exploring various horizons of understanding in relation to the research question and provides the contextualisation required by hermeneutics (Gadamer, 1960; Fleming et al., 2003). It explores the assertion that the mind/body split is a fallacy imposed upon experience from the philosophy of Descartes (Overton, 2008), referred to as the Cartesian split or dualism, and considers the epistemological and ontological implications of this view. Exploring embodiment in nursing literature, embodied views are considered to offer different ways of "knowing" and the resulting methodological implications for this inquiry are acknowledged. Attempts by psychology at embodied views are outlined with a consideration of how traditional psychology may misinterpret embodiment as being about "the body" and how the various psychological disciplines may struggle to integrate disparate views spanning a dualist mind-body continuum.

Section 2.4 explores embodiment in relation to counselling psychology by examining whether it represents a traditional psychology reflecting the wider discipline's confusion and ambivalence regarding embodiment and the body (Wahl, 2003). As a research inquiry into counselling psychology the embedded embodied position of this research is outlined. Psychotherapeutic theories regarding embodied aspects that influence counselling psychology are explored in psychodynamic and developmental theories (Krueger, 1990; Meissner, 1997, 1998a, 1998b, 1998c, 2003, 2005, 2006, 2007; Winnicott, 1965). The chapter discusses how some of these theories lead to notions of pathology, suggesting they are inherently dualistic by privileging the mental domain and implicitly objectifying the body, which has ontological implications. The particular interest is in whether these theories address notions of embodiment, the chapter explores whether counselling psychology acknowledges embodiment by incorporating potentially embodied theoretical views regarding intersubjectivity (Beebe & Lachman, 2003; Schore, 2003; Stern, 2004; Stolorow & Atwood, 1997) and humanistic theories (Gendlin, 1978; Rogers, 1951; 1961). The section concludes that counselling psychology is founded in conflicting epistemological and ontological views that begin to acknowledge embodiment but overall fail to acknowledge the

consequences of the embedded nature of embodiment, which the research seeks to address.

Chapter 2.5 explores the diagnosis of anorexia nervosa by examining the concept of diagnoses, the diagnostic criteria and traditional views. It first outlines general problems with the concept of diagnoses (Foucault, 1967, Cooper, 2004) then the diagnostic criteria for anorexia nervosa (APA, 2000). Traditional views of anorexia nervosa see it as an individual pathology (Connan & Treasure, 2000; Fairburn et al 2003; Schmidt & Treasure 2006; Treasure et al 2005), implying the diagnosis can be understood and "treated" by examining the internal world of the person and are consequently decontextualised and disembodied (Botha, 2009).

Chapter 2.6 explores constructionist views of the diagnosis, incorporating notions of power and culture, acting upon and manifested by the "body", thereby emphasising the embeddedness of experience (Bordo, 2003; Scholnick & Miller, 2008; Orbach, 2009). The diagnosis of anorexia nervosa is examined with reference to Foucault's ideas about power and cultural conceptualisations (Bordo, 2003; Botha, 2009; Gordon, 1990; Orbach, 2009). These views consider the diagnosis as a manifestation of particular social and cultural pressures upon women, their bodies and ontology (Bordo, 2003). Body image research is critiqued as based upon dualist notions of ontology, rooted in positivistic epistemologies promoting notions of pathology and denying the influence of context (Blood, 2005). While recognising that constructionist views may move too far away from individual experience (Sanz & Burkitt, 2001; Weiss, 1992), it is proposed that acknowledging these perspectives better upholds aspects of counselling psychology ethics (Cooper, 2009).

Contemporary research is covered in Chapter 2.6; however there is a scarcity of qualitative research in counselling psychology into the diagnosis of anorexia considering it from an embodied perspective. Therefore each study presented touches on a topic relevant to this inquiry but none adequately addresses all of the issues. As a result the current research is suggested as offering something new in its existential, phenomenological,

hermeneutic standpoint seeking to understand how practitioners view their work with individuals rather than the pathology of the diagnosis of anorexia nervosa. Presented research includes a qualitative exploration of the diagnosis of anorexia, embodiment and the use of metaphor (Skarderud, 2007, a, b, c), a hermeneutic analysis of obesity (Grant & Boersma, 2005) and a paper utilising the concept of intersubjective embodiment between researcher and participant (Burns, 2006). Of particular relevance is an example of the use of interpretative phenomenological analysis to explore health professionals' understandings and experiences of treating people with a diagnosis of anorexia nervosa (Jarman et al., 1997).

Chapter two concludes that the most useful position for this research and counselling psychology is one of embedded embodiment where the impact of social, cultural and historical situatedness on the subjectively experienced lived body is acknowledged.

The horizonal methodology chapter (3) begins by considering the nature of the research question with reference to the choice a qualitative methodology, specifically hermeneutics. It then explores hermeneutics as a method of interpretation enabling acknowledgement of historicity, multiple and shifting perspectives and awareness of context (Krell, 1978). The section outlines the philosophical foundations of hermeneutics in phenomenology and the ontological assumptions it is based upon, with reference to the work of Husserl, Heidegger and Merleau-Ponty (Heidegger, 1927; Polkinghorne, 1983; Merleau-Ponty, 1945/1962). These writers are utilised to support the selection of an interpretative approach like hermeneutics since the attempt to explore a complex phenomenological experience such as embodiment is necessarily interpretative (Smith et al., 2009).

The chapter continues by exploring Gadamer's (1960) conditions of understanding where perspectives, rather than being removed, promote hermeneutically aware understandings of human beings. It is Gadamer's (1960) definition of the horizon as all that can be seen from a particular vantage point that informs the horizonal structure of this research and leads to the methodological process of the hermeneutic cycle where data is re-

interpreted in relation to both parts and whole (Fleming, 2003, Debesay, Näden, & Slettebø, 2008; Alvesson & Sköldberg, 2009). Some of the problematics posed by this are outlined e.g. what can be captured by a methodology that acknowledges understandings are ever evolving?

The chapter explores ontological issues relating the impact of language to the research question and methodology, considering whether the selected methodology for the inquiry into the concept of embodiment is an embodied one. The discussion utilises theories regarding the embodied expression of experiences in speech (Gadamer, 1960), the non-perceptual aspects of interpretation supplemented by contextual information, (Gadamer, 1960; Alvesson & Sköldberg, 2009) and proposals that language itself is rooted in embodied experiences (Lakoff & Johnson, 2003). The section concludes by suggesting face to face interviews, involving lived dialogue between embodied persons provides at least a partial embodiment of the inquiry before the specific methods of doing this are outlined.

The exploration of horizonal methodology has shown that any view of embodiment is perspective bound, contextual, limited, temporary and ever shifting and all of these issues are implicated in the designing of method. The method section (3.3) begins by defining the research terms: embodiment, counselling psychology and the diagnosis of anorexia nervosa. It describes the selection and recruitment of the eight participants, who are qualified practioners of therapeutic models and have worked with individuals with a diagnosis of anorexia nervosa. It outlines how the research question will be addressed by gathering data in semi-structured interviews, firstly asking participants to speak about their experience of working with clients with a diagnosis of anorexia nervosa then offering the following statement about embodiment:

> "The union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree … It is enacted at every instant in the movement of existence." (Merleau-Ponty, 1945/1962, p102).

Participants are asked what they make of this and whether they think it is of any use to them in relation to working with individuals with the diagnosis. By offering a potentially different horizon it is suggested this interview structure explores the research question and provides participants with the opportunity to recontextualise their experience and understandings.

The chapter continues by considering the tasks of a hermeneutic approach (Gadamer, 1960; McCloud, 2001; Alvesson & Skoldberg, 2009) and the differing emphases that can be applied within these tasks (Alvesson & Sköldberg, 2009). The chapter concludes by giving an explanation for the selection of qualitative thematic analysis and presents the six phases involved in the method (Braun & Clarke, 2006).

The participants' horizons chapter (4) considers participants' contexts, and then describes the application of the stages of analysis to produce a series of themes. Illustrative interview quotes are utilised to explore participants' horizons, firstly considering themes emerging from their revealed understandings of the diagnosis of anorexia nervosa, which are *emotional control* and *unworthy of needs.* Then themes from descriptions of what was helpful and unhelpful in their work with this client group are explored, namely: *models of understanding; power-relations; understanding weight issues; don't talk about food and weight; understanding ambivalence and working motivationally; avoid control battles, re-feeding and overemphasising weight gain.*

Section 4.3 explores responses to the quote regarding the concept of embodiment where emergent understandings relate to *ontology,* and *embeddedness and interconnectedness.* Understandings of the diagnosis emerging from these understandings include an *ontological split with controlling minds punishing bodies*. The section briefly considers understandings of counselling psychology in relation to the concept of embodiment before considering participants' responses in relation to the overall research question regarding whether the concept was considered to be of use in their work with individuals with the diagnosis of anorexia nervosa.

Chapter 5 considers the findings from chapter 4, broadens the inquiry by relating participants' responses to the theoretical horizons identified in chapter 2, and therefore explores the emerging research horizon. By examining the responses of participants, the chapter addresses the research question regarding what ways, if any, the concept of embodiment can assist the counselling psychologist in their work with clients diagnosed with anorexia nervosa. It considers the question that has emerged from the inquiry concerning what theory reveals and hides, thereby addressing epistemological issues about practitioners' use of knowledge and the ontological implications of this for their clients. The inquiry identifies the use of theoretical knowledge to provide a language for understanding; then utilises Gadamer (1960) and Lacan (1954) to explore the problems of using language to understand or denote shared, fixed meanings. By comparing participants' initial perspectives with their responses to the concept of embodiment, the concept is shown to open up understandings relating to issues of being, the non-individual and the non-psychological. As a result anorexia nervosa is no longer viewed as the problem; instead it is viewed as the embodiment of the problem of *being-what-one-is-in-this-world*. The exploration identifies that engaging with the concept of embodiment increases the use of metaphorical language, which is then explored as offering increased richness of meaning and potentially indicating the operation of a different kind of knowing.

The chapter continues to address the research question by considering some of the frameworks for counselling psychology, exploring the implications of different ways of understanding and knowing about clients and the practice of counselling psychology. The inquiry highlights that theoretical knowledge is only part of the practice of counselling psychology, and that engaging with the concept of embodiment acknowledges a view of intersubjectivity that incorporates embodied aspects. The discussion shows that the concept of embodiment elicits different epistemological and ontological understandings, promotes wider horizonal perspectives, acknowledges ambiguity and therefore facilitates egalitarian embodied ethical practice. In this way embodied views are shown to accord with the key principles informing counselling psychology such as relational working and the humanistic

value base, therefore engaging with the concept of embodiment could offer something valuable to its practice.

Chapter 6 continues the hermeneutic exploration and reviews the horizons by considering the varying factors that influenced the encounters with participants and, therefore, the findings of the inquiry. These include the researcher's personal journey and concerns, the nature of the interview question, the embodied intersubjective encounter and the specific contexts of the interviews. The section concludes by acknowledging the way the nature of research can result in methods being utilised as disembodied tools to define significance and meaning, in the same way the inquiry identified theories could be used as tools. As a result the section highlights some implications for counselling psychology research.

Section 6.2 briefly explores Gadamer's (1960) notions regarding the praxis of hermeneutics and concludes that the findings of this inquiry show how the concept of embodiment can offer something useful to the praxis of counselling psychology. The discussion shows that, by revealing the embedded nature of existence, the concept of embodiment highlights the ways in which counselling psychology is embedded in theories out of which clients are constructed and objectified. By considering the findings of the inquiry, the chapter outlines the ways in which embodiment as a concept supports the humanistic approach of counselling psychology. The findings show that engaging with the concept of embodiment provides a balance to theoretical objectifications of clients by acknowledging non-dualist conceptualisations of being, non-psychological aspects of practice, broadens perspectives and therefore opens up more possibilities for understanding the *other*. In this way the concept of embodiment is found to support ethical, relational, reflexive practice. The chapter considers the importance of embodying the practice of counselling psychology and raises implications for the training of counselling psychologists.

CHAPTER TWO: HORIZONS OF EMBODIMENT

2.1 Introduction

This chapter will address the research question by outlining out the emergence of the concept of embodiment as the central concern of the inquiry. It then considers the varying horizons offered by the literature around embodiment, counselling psychology and the diagnosis of anorexia nervosa (Gadamer, 1960). This aids awareness of the philosophical, theoretical, cultural and historical contexts in which the research takes place and from which the question is understood. Central to this exploration is the embodied view that "human identity cannot be separated from its somatic headquarters in the world" (Fisher, 1990, p18). This is initially addressed by describing the emergence of embodiment as the central concept for this inquiry and examining its philosophical background, then the attempts of psychology at embodied theory and explores some of the ways in which embodiment has been applied. Counselling psychology theory is examined in section 2.4 as a route to understanding the potential perspectives of practitioners with regards to the knowledge they may lean on in order to understand clients with a diagnosis of anorexia nervosa. It suggests some ambivalence within theory where psychological theories may promote dualist notions of ontology and privilege a disembodied view.

Criticisms of diagnosis are addressed before diagnostic criteria and traditional theories of anorexia nervosa are laid out in section 2.5. This functions to identify another horizon from which the research question can be viewed and again to help understand the potential perspectives influencing practitioners, participants and the researcher. Social constructionist perspectives around the diagnosis of anorexia nervosa are explored in section 2.6, offering another horizon emphasising embodiment as lived-experience-in-a-world; a notion rooted in both Merleau-Ponty's (1945/1962) idea of lived body and Heidegger's notion of being-in-the-world (Krell, 1993).

Finally, examples of relevant contemporary research are given, each of which relates to an aspect of this inquiry. The chapter addresses epistemological, ontological and methodological implications resulting from each horizon as they are explored and concludes it is ethically more respectful to adopt perspectives that help recontextualise any understanding of individual experiences (Cooper, 2009).

2.2 Emergence of the Concept of Embodiment

This section aims to outline the researcher's initial horizons, upholding the methodological requirement of retaining an awareness of contexts and shifting horizons (Gadamer, 1960; Krell, 1978). In exploring the issues under consideration the researcher was confronted with questions relating to epistemology, ontology and methodology. The researcher's epistemology was initially entrenched in positivistic notions of observable truths that could be measured and generalised across populations with pathology rooted in the individual (Milton, 2010). As a result, despite an interest in aspects of being related to the body, the researcher was unaware of the term "embodiment" and the philosophical history behind it. Consequently the initial intention was a quantitative inquiry utilising questionnaires, attempting to isolate and measure components and use statistical analysis to "discover" how they correlated. The process of identifying components was based on ten years of observations of the complex experiences of individuals with diagnoses of eating disorders who were in treatment. Differences appeared between those who moved towards recovery (defined as a reduction in symptoms), those who relapsed and those for whom there was little apparent change, seeming to relate experiences of the physical self. Individuals made statements like: they wished to "be robots" or experienced themselves as a disconnected head, describing distress when forced to acknowledge the attached body, ostensibly when certain bodily sensations became difficult to ignore e.g. pain, physical tiredness, fullness. The researcher wondered how tolerance of sensation in daily experience influenced tolerance for distressing emotions, since individuals described distressing

emotions as leading them to use “symptoms” after which they experienced “numbness”, “emptiness” or “lightness” which was preferable.

Observations occurred in an NHS setting where individuals were regularly measured via questionnaires, so it was a natural step to consider which questionnaires could capture something of them. Within a positivistic framework, the identified components to be measured were: body image dissatisfaction, body connectedness, and emotional intelligence, mainly because validated pre-existing measures were available. The relevance of Body Image Dissatisfaction stemmed from its long history of exploration as an aspect of body relations (Cash & Pruzinsky, 2004) and individuals’ apparent problematic experiences of their bodies. The chosen tool of measurement was the Multidimensional Body-Self Relations Questionnaire - Appearance Scales (MBSRQ-AS) since this was considered a broad measuring tool (Cash, 2008). Body connectedness was chosen because of proposals that mind and body perish or flourish together with some degree of body-connectedness deemed a beneficial outcome of therapy (Bakal, 1999) and the only available measurement tool was the self-report Scale of Body Connection (Price & Thompson, 2007). Emotional Intelligence was selected since bodily change is specified as a component of emotion (Goleman, 1996), where emotions result from bodily sensations interacting with complex systems of appraisals of meanings, with language, with social practices; with thoughts, beliefs and values (Cornelius, 1996). The identified measurement tool was the Mayer-Salovey-Caruso Emotional Intelligence Test Battery (MCSEIT) (Mayer et al., 2003) as the reliability was considered very good (Murphy, 2006).

It became increasingly problematic, however, to align the observations of individual experience with quantitative methodology as it involved fitting observations into existing concepts and measuring tools rather than seeking to further understand them. Quantitative methodology requires the areas of interest of the research to be isolated and defined in order to identify measuring tools, yet the measuring tools began to define the research concepts by virtue of what was available for the purpose. It became clear utilising quantitative methods limited what could be found to the parameters and concepts set out in

advance; how could something be fully open to being understood when there are limited concepts with which to understand it? The importance of contextualisation also emerged as the influence of culture, society and history was touched upon in the areas outlined above.

When investigations introduced the concept of embodiment the researcher realised it encapsulated much of what they were seeking to understand without narrowing the horizon of inquiry. Embodiment views experience as undifferentiated until dualist notions are overlaid upon it, via individuals being subject to cultural notions of mind separate from body (Overton, 2008). Culture provides ample language in order to speak about *mind* and *body* whereas there is an impoverishment of language about embodied experience; this has ontologically significance since culture has the potential to determine ontological experience by the language it provides. An embodied view seemed to acknowledge this and allow the observations to be understood from a different perspective as, in part, enacting something of culture rather than simply stemming from individual pathology. Since practitioners and clients exist within cultures, ontologically these perspectives influence how individuals experience and understand themselves and epistemologically how therapists understand their clients through context-bound theoretical knowledge.

Traditional research assumes women's experiences of their embodiment exists within the individual and does not consider social and cultural factors (Blood, 2005), yet Scholnick and Miller (2008) argue strongly for contextualisation in research on embodiment. Psychology research does not traditionally view the body as invested with meanings, desire and an unconscious; typically it is the mind's consciousness about the body that has been measured where the body becomes an object (Blood, 2005). This introduced methodological questions regarding how an investigation could adopt an alternative view, avoid dualist notions and take account of context, of the ontological given of embodiment and its embedded nature. As a result of epistemological, ontological and methodological conflicts the researcher moved to a qualitative methodology since it does not hold as many initial assumptions and allows exploration of a topic, an opening up rather than a pinning

down (Loewenthal, 2007). Consequently the focus of the research became a consideration of what usefulness, if any, the concept of embodiment could have for counselling psychologists working with individuals diagnosed with anorexia nervosa, allowing a deeper exploration.

2.3 Embodiment

2.3.1 Epistemological issues. The concept of embodiment opposes dualist philosophies separating human existence into aspects belonging to the body and aspects belonging to the mind. Embodied views contrast with views of the body as physical object, its representation within the psyche or exploration of its biological functioning and are based on fundamentally different epistemologies and ontologies. The dualist perspective has plagued psychology since the 17th century when Descartes segregated the mind and body into two pure forms (Overton, 2008), dooming future inquirers to attempts at reconciling the two and explaining the space between. This probably contributed to the ambivalence psychology has about the body, psychology recognises its presence and influence but interventions and theories are biased towards the psychological and psychology appears to struggle to know where to "place" the body. Epistemologically psychology, to an extent, presumes knowledge about experience from examinations of the "psyche", seeming to place the physical merely as part of the context whereas the embodied view wholeheartedly embraces that we are creatures of the flesh (Johnson, 1999). The concept of embodiment is the fundamental notion the "body as lived experience and body as physical object – (are) understood as coequal and indissociable complementaries" (Overton, 2008, p1).

2.3.2 Embodiment and philosophy. Experience does not fit easily into dualist language, experience of being cannot be clearly separated into psyche and soma. Thus, it is difficult to definitively state which experiences are exclusively physical or exclusively psychological. This difficulty could arise from the arbitrariness of these terms, limiting the way experience can be described through language and ontologically they do not adequately

fit the experience of experience itself. There is a relationship of reciprocal expression between the flesh and the psyche, and significantly the body cannot be turned away from as other “objects” can be (Merleau-Ponty, 1945/1962). Merleau-Ponty (1945/1962) viewed the body as a “cultural manifestation of a certain manner of being-in-the-world” (p63) where “man taken as a concrete being is not a psyche joined to an organism, but the movement to and fro of existence which at any time allows itself to take corporal form and at others moves towards personal acts” (p101). For him the ”union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree” rather “it is enacted at every instant in the movement of existence” (Merleau-Ponty, 1945/1962, p102). Merleau-Ponty (1945/1962) proposes embodiment is experienced like a shoreline, suggesting fluidity and indefinable areas that are both water and sand yet are neither sea nor beach, in this view “mind” and “body” become far less distinct and the differentiation of them becomes less significant.

From within philosophy Johnson (2008) argues our very rationality is embodied from the outset, that the nature of our bodily encounters and the environment shape the nature of reason itself, he states:

> “Our embodiment shapes both what and how we experience, think, mean, imagine, reason and communicate. This claim is a bold one, and it flies in the face of our received wisdom that what we call “mind” and “body” are not one and the same but rather are somehow fundamentally different in kind. From a philosophical point of view, one of the hardest tasks you will ever face is coming to terms with the fact of your embodiment. What makes this task so very difficult is the omnipresent idea of disembodied mind and thought that shows itself throughout our intellectual tradition, from claims about pure logical form, to ideas of noncorporeal thought, to spectator views of knowledge, to correspondence theories of truth. Everywhere you turn the mysterious exotic snail of disembodied mind leaves its shiny slippery trail through our views of thought, language and knowledge.” (Johnson, 2008, p19)

Lakoff and Johnson (1999) present metaphorical language as evidence for the emergence of human rationality from our embodiment, describing primary embodied metaphors, the conceptualisations and representations littering our speech which are based on bodily experience e.g. affection is warmth, time is motion, knowing is seeing. Therefore rationality is not separated from "the body" rather it provides the very structures and experiences from which the conceptualisations of rationality emerge. This has epistemological and ontological implications as it challenges the idea of an independent rational mind as the seat of knowledge, an idea forming the basis for much "scientific" discourse and the understandings provided by it. As a result it raises methodological questions as to how we seek to understand ontology, if embodied experience forms the basis for some of the primary metaphors in language and embodied experience takes place within the context of culture then methodology needs to take this into account. Quantitative methodologies are not designed to adequately acknowledge embeddedness since they seek to isolate, define and measure discrete elements. Qualitative methodologies, in contrast to deductive empiricist paradigms, allow a more open inquiry where context can become a more significant component (Polkinghorne, 1983). Embodiment requires recognition of its embeddedness in any inquiry into its usefulness as a concept and therefore demands a qualitative method.

2.3.3 Embodied views from nursing literature. From the nursing perspective, a discipline actively involved in the care of the physical body, embodiment has been viewed as an avenue for knowing the world and an ethical stance where the practitioner makes a conscious choice to remain actively aware of their own body in order to be "present" to their patients (Wilde, 1999). Nurses providing intimate or painful care often cope by avoiding fully embracing their own embodied experience and this interferes with their ability to treat patients as embodied beings (Wilde, 1999). Wilde (1999) suggests maintaining an embodied stance avoids the objectification of the patient and the resulting shared vulnerability breaks down the gap between subject/object allowing the emergence of a shared meaning of the experience. Embodied perspectives blur the subject/object distinction prevalent in

psychological theories, for example, Merleau-Ponty's (1945/1962) example of touching one's own body highlights the possibility of simultaneously being the one who touches and is touched. An embodied view means being situated in and subject to social, cultural, political and historic forces, for embodied beings the world is social and intersubjective (Wilde, 1999). Phenomenological methodologies offer the possibility of accessing embodied experience despite the view that our conscious awareness of embodied experience is not embodied experience itself therefore verbal descriptions of it are not the things themselves, (Wilde, 1999).

Benner (2000) explores embodied practice as a route to procedural ethics in relational nursing by considering the role of embodiment and emotion in rationality and agency. Benner suggests a socially constituted, embodied agency that is neither a helpless object nor a subject capable of complete monadic clarity, challenging notions of absolute certainty, where "the sensing, skilful body allows one to negotiate and flourish in the context of the inevitable human condition of ambiguity." (Benner, 2000, p7). This contrasts with many psychological views of the body as subject to the conflicts of the mind, with its implication that the body betrays the mind's secrets. As Benner (2000) puts it:

> "Equally damaging, the Cartesian and Kantian views of the separate mind and object body imports a moralistic, irrational system of blame and shame that accords too much responsibility to the mind's ability to control the body, and too little sense of the "will" of the body and the limits of rational control".
>
> (Benner, 2000, p9).

Building on these ideas, Ray (2006) explores embodied engagement when working with trauma since it induces dissociation or disembodying, taking away not just the unbearable physical shadows of the trauma but also "benign forms of bodily liveliness" e.g. spontaneity, physical and sexual pleasure (p109). Utilising Merleau-Ponty, Ray (2006) suggests the phenomenal body provides emotion, language, sexuality, movement in space and time and argues "embodied engagement commands the use of the entire self by the

patient and nurse in understanding and making meaning of the world and those experiences" (p 108). Embodied practice allows clinicians to attend to ambiguities, that which is not yet intellectually understood, it requires the embracing of a shared vulnerability and susceptibility to the suffering of being human (Ray, 2006).

These embodied views suggest a more egalitarian approach to practice and yet, interestingly, it has been difficult to find discussions of this nature within traditional psychology. Traditionally the focus of psychology is within the realm of the mind, the psyche so what does it offer in relation to embodiment?

2.3.4 Embodiment and psychology. Considering embodiment from within psychology, Overton (2008) highlights the having of a particular body as the context for our active agency, viewing behaviour as emerging from embodied persons actively engaged in the world. In contrast to the biological reductionism of Cartesian perspectives, a biological view of embodiment, whilst acknowledging physical substrates, does not view these as whole explanations for experience. Biological embodiment does not mean the brain/mind-computer/software metaphor since this denies intersubjectivity, context, historicity etc.; from a socio-culturally embodied perspective all human endeavour is embodied (Overton, 2008. For Overton (2008) moving towards a relational context:

> "makes intelligible the idea of embodiment as physical structures and a form of lived experience, actively engaged in and with the world of sociocultural and physical objects… embodiment is a concept of synthesis that can join relationally committed research scientists from a wide range of disciplines." (p14).

Overton (2008) attempts to rescue psychology from determinism and reductionism, however he seems to fall prey to the same problems as other psychological theories, first seeking to provide definitions and secondly becoming mired in the inadequacy of language. As a result attempts to pin down concepts result in discussions about mind emerging from a relational biosociocultural activity matrix, which seem far removed from the relatively simple

concept of body as lived experience. It is an attempt to disinherit the Cartesian split and break down barriers between perspectives and the chapter will now consider the position of psychology generally in relation to the concept of embodiment.

2.3.5 About the body: Traditional psychology and embodiment. By definition psychology as a discipline involves focussing on the "psyche", it is concerned primarily with inner experiencing and the internal dynamics of the mind, however most basic texts and courses incorporate biological substrates (Bernstein et al., 1988). For example, neurotransmitters inform psychopharmacology producing SSRI's as a medical treatment for depression (Douglas, 2010); the complexities of gender and sexual identification are understood via genetics, the uterine environment and the influence of hormones at various stages of development (Money, 1970). These types of understandings could be argued as psychology taking account of the body and embodiment by acknowledging the particular body in which humans live. It remains unclear, however, how this knowledge is placed within psychology in general with its emphasis on the internal world, and in counselling psychology in particular with its emphasis on relational dialogue as a vehicle for improved well-being (Milton, 2010).

Disciplines emerging from psychology tend to focus on specific areas thereby avoiding the tensions inherent in the conflicting paradigms, however this is problematic. Advancing technology has prompted a vast debate around the meaning of revelations from neuro-psychology regarding the functioning of the brain in relation to psychology, philosophy and the talking therapies that this research can only acknowledge rather than fully explore. Clark considers how the cognitive sciences as sciences of the mind could include aspects of the body and the world (Clark, 1998). Kandel (1999), while cautioning against determinism, explores how psychoanalysis could make use of biology and cognitive neuroscience, suggesting they could clarify unconscious mental processes utilising information about the seat of memory in the brain and the effect of prolonged stress on brain development etc. Functional imaging of the brain has been utilised to identify activity related to the ability to attribute mental states to other people, called variably "theory of mind", "intentional stance"

and “mentalisation” and found the paralingulate cortex had a special role in this ability (Gallagher, Jack, Roepstorff & Frith, 2002; Gallagher & Frith, 2003).

This raises questions about the place this information has within psychology and specifically within counselling psychology as a talking therapy. The lack of integration amongst varying psychological paradigms may arise from difficulties in conceptualising ideas from different ends of the mind-body continuum. How does the cognitive neuroscientist, understanding experience via brain maps, contemplate producing long term change in the way the brain functions via a talking therapy? How does the counselling psychologist who seeks to engage and understand in relationship with another contemplate the notion that brain structures impacting relational abilities may be shaped in infancy in ways which may be permanent or resistant to change? It seems very difficult to bring all these aspects together to make sense of human experience, leaving psychology as a whole with an uncertain stance on embodiment. Since counselling psychology stems from traditional psychology it is important to now consider its position in relation to embodiment.

2.4 Counselling Psychology and Embodiment

2.4.1 Counselling Psychology: A traditional psychology? Counselling psychology appears to reflect the wider discipline’s confusion by addressing questions of embodiment through questions about the body. The existence of a chapter about “the body” in one of the three published editions of the Handbook of Counselling Psychology demonstrates some ambivalence (Woolfe, & Dryden, 1996; Woolfe, Dryden, & Strawbridge, 2003; Woolfe, Strawbridge, Douglas, & Dryden, 2010). The existing chapter, in the second edition, states, “the importance of the body is minimized or overlooked altogether in virtually all introductory texts related to psychological therapy, psychotherapy and counselling” (Wahl, 2003, p592). Wahl (2003) suggests this relegation of the body is linked to the western world’s tendency to separate the body, mind, soul and spirit with separate professions addressing each, namely medicine, psychology, religion and mysticism. Descartes’ legacy was to forever disintegrate

human experience into pure mind and pure body with the mind being the seat of reason and knowledge. Philosophically three possible solutions to this exist:

1. Materialistic Monism: where only matter exists resulting in the premise there is no mind only body/brain, the mental is reduced to an epiphenomenon and the lived body is reduced to the physical body (Overton, 2008)
2. Dualist/Interactionism: where both mind and matter exist and interact leading to the problem of "how" they communicate
3. Idealist Monism: where only the mind exists, a position which attacks the existence of a physical reality outside of its mental representation

(Wahl, 2003)

This research seeks to take up a possible fourth position: the embodied view where those experiences described as mind and body are considered holistically rather than separately. This could be seen to be taking the default interactionism or relationism position prevalent in psychological discourses but it is argued to be a distinctly different position, although the difference may appear subtle. Russon (2003) argues against relationism stating "when we describe the actual experience of the living human being who touches and is touched, we cannot even talk of a "relation" of mind and body for in this experience these two are undifferentiated" (Russon, 2003, p24). The embodied view is not one of relationism, it argues for a continuum of experience utilising Merleau-Ponty's (1945/1962) shoreline metaphor. From this perspective mind and matter exist (just as beach and sea exist) and can be distinct at points but with areas of overlap which cannot be differentiated as either. In this view there is no need to identify how distinct parts "communicate" because on the shoreline they are one and the same.

In order to address the research question of whether embodiment could be of assistance to counselling psychologists the current exploration is interested in the extent to which the theories upon which counselling psychology leans acknowledge the embodied

nature of being-in-the-world. The chapter will now consider psychological theory relating to aspects of body experience that specifically inform counselling psychology.

2.4.2 Psychotherapeutic theory about the body and embodiment. Integrative counselling psychology trainings commonly incorporate psychodynamic and developmental models, therefore these models are reviewed in relation to literature around "the body" and embodiment to examine how equipped counselling psychologists may be to address notions of embodiment.

Psychodynamic and developmental theories. For Freud the body and its instinctual drives provides the foundation for ego development, it is a body-ego (Freud, 1949) although it is suggested Freud struggled with the nature of the mind-body relation and never clearly defined his position (Meissner, 2003). Our body is a persistent experiential phenomenon and it has been proposed that any comprehensive theory of the self must imply the "embeddedness and intimate integration of the self as inherently bodily" (Meissner, 1997, p419). The body is more than an object, although it is also an object that can be known or not known, it has the capacity for action and therefore is the locus of the sense of agency (Meissner, 1997, 2005). It has been proposed, "there is nothing that falls within the purview of psychoanalysis as a science of the human phenomenon that does not involve a bodily reference—explicitly or implicitly." (Meissner, 1998a, p85).

Various distinct terms have emerged within psychodynamic literature with regards to the body, one is body-ego or body-self and another is body-image. Schilder (1950), one of the earliest writers about body image, described it simply as the picture of our own body that we form in our minds. In spite of numerous explorations in the psychoanalytic literature there is a definite lack of clarity regarding what everyone is talking about and what is meant by each term in use (Krueger, 1990; Meissner, 1997, 1998). Meissner (1997, 1998a, 1998b, 1998c, 2003a, 2003b, 2005, 2006a, 2006b, 2006c, 2007) has arguably written the most, from a psychoanalytic perspective, on the complexities and confusions in this area, he explores the terms body, body-self, body-ego and body-image, as well as experiences of the

body, its integration, cohesion and boundaries. Despite attempted distinctions, Meissner (1998a) suggests the terms are all "intimately connected with the fact that the human mind exists in a human body and that they are mutually intertwined and derived in complex and multiple ways" (p85), which sounds similar to an embodied position. Perhaps it is the philosophical assumption of ontological dualism driving the need for differentiation and definition resulting in linguistic complexity and confusion.

It is proposed the development of body-self and psychological-self are closely linked, with the synthesis of the two providing individuals with a sense of unity and continuity over time, space and state (Lacan, 1954). According to developmental theory, both involve a move toward states of separation and individuation from mother, requiring the evolution of a coherent consistent body-boundary, a sense of inside and outside, of "I" and "not I" (Krueger, 1990). Theory proposes infant's interactions with mother lead to the discovery of a body boundary, along with the perception of differing body states which become increasingly defined and articulated resulting in an integrated body-self contributing to a sense of reality (Krueger, 1990). The body surface becomes defined with two developmental aspects proposed as crucial to the process, first the capacity to form images and internal representations and secondly Piaget's concept of object permanence. These allow the comprehension that people or objects exist beyond the sensory perception of them and a differentiation of the experiential body and the body "out there" i.e. its image in a mirror (objectivity), marking the emergence of self-awareness (subjectivity) and autonomy (Krueger, 1990).

In contrast, Lacan agreed the "that is me" experience is one of an embryonic ego but views this as "delusional ego-building" (Lacan, 1954, p24). Where any perception of wholeness or integration is illusory, the sense of "I" is an invention based on human desire to be a possessor and resident of a secure bodily "I", driven by anxiety associated with the previously experienced "dismembered" body (Lacan, 1954). For Lacan this produces alienation from the self as it seeks to "freeze" the mobile, fluid self and its image in a fixed state, introduces stagnation and creates a statue. Instead all self-aware individuals who

inhabit a human body are subject to lines of fragmentation and there is a tension between the projections toward an ego, a delusional wholeness and a retrospective pull to infernal fragmentation (Lacan, 1954). Either way the experience of being integrated and whole, whether natural developmental maturation or delusional avoidance of anxiety seems to be an important one for human beings and is related to embodied experience.

Returning to developmental theory, the key tasks are viewed as the consolidation of a stable, integrated, cohesive mental representation of one's body with intact internal/external boundaries. Advanced developmental abilities include the connection of meaning to experiences, allowing contemplation, reflexivity, a distinction between the symbol and the symbolized, between thought and the object of thought, of subjective and objective thought (Krueger, 1990). These processes are considered to be the beginnings of an integrated psychological self, where the self is the locus of agency and the body is the root of the self (Meissner, 1997).

In developmental theories subjective experience of the body and the self is established via accurate empathic mirroring of the infant's responses where parental ability to regulate these intimate interactions impact on the infant's ability to develop a "normal psychic representation of the body" (Krueger, 1990, p259). Krueger (1990) suggests the disparity in subjective and objective experiences and representations of body-self and body-image are similar to the differences between Winnicott's true and false self. Winnicott's (1965) theories emphasise the nature of the mother-infant psychosomatic partnership in determining an integrated experience of self. Winnicott (1960b) proposed good enough handling, including physical holding, facilitates the capacity to enjoy the experience of body function and *being*, he describes the need for adaptation and attunement to the developing needs of the infant otherwise "there is a tendency for the psyche to develop an existence that is only loosely related to bodily experience" (Winnicott, 1958, p6). Similarly Meissner (1997) also emphasises the relational importance of body experience where "any interaction with others is necessarily mediated by bodily functions (p 420).

Theories of development however, incorporate ideas about optimal or normal development where failure to develop an experiencing of the self as an integrated separate individual and as an initiator and director of intentional action is proposed to lead to pathology (Krueger, 1990). As well as notions of pathology these theories incorporate notions of regression and ideas about appropriate developmental stages where "the body" is viewed as the most basic organizer of ego experience therefore a return to it as mediator of experience is seen as regression (Krueger, 1990). The psychodynamic and developmental literature seems to have a lot to say about "the body" but it does not seem to address embodiment i.e. body as lived experience, the language is dense and it seems inherently dualistic and positivistic, where a relationship between body and self is viewed as something that can develop normally or abnormally. The focus within psychodynamic and developmental literature remains that body experience is viewed as primarily a product of the mind with its "symptoms" as expressions of the psyche. It is possible the emphasis on intra-psychic explanations may provide the practitioner a greater illusion of power and agency – intra-psychic conflicts and faulty reasoning are all theoretically workable with in the counselling room. Psychodynamic and developmental theories appear to be based on an epistemological assumption that we can know about our experience from observing individuals (usually infants) leading to descriptions of the stages of healthy development and functioning, consequently "pathology" stems from failures in this process (Krueger, 1990). The psychoanalytic and developmental understandings of individual internal pathology appear to take into account context only in relation to the earliest stages of life. It has been suggested psychology as a whole ignores or minimizes ideas about context and culture because they challenge its most prized assumptions, namely its focus on the individual (Raskin, 2002).

From an ontological point of view it is possible we come to experience ourselves in relation to the concepts offered to us, e.g. body image, especially if an individual has engaged in a psychological therapy with its own language or horizon, which then influences the conceptualisation of ongoing experience. It is possible this emphasises the Cartesian split where the body is often objectified and decontextualised, and our experience of it

viewed from an individual psychological standpoint. The roots of counselling psychology in these dualist ontologies, privileging individualistic internal pathology result in disembodied theory. What may be missing in these theories is intersubjectivity, where others are viewed not just as objects but as experiencing subjects and where the experience of self as subject is influenced by the subjectivity of those around us. Counselling psychology incorporates psychological theories but it also acknowledges intersubjectivity and seeks to work relationally, therefore some theories exploring these influences on counselling psychology will now be explored.

2.4.3 Counselling psychology: An embodied psychology? Counselling psychology, as one of the "talking therapies" emphasises the psyche, requiring individuals to use verbal language to engage in the work, but a recent text describes the discipline's relational/intersubjective stance as springing "from a philosophy that bridges the gap between body and mind", incorporating notions of both embodiment and embeddedness (Milton, 2010, p31). Leijssen (2006) proposes some ways of validating the body in counselling psychology, specifically psychotherapy, each of which falls on a continuum between verbal and physical intervention. It has been suggested that while psychological therapies attend to the body on some level it is rarely a core feature and those in which it is central are often relegated outside mainstream treatments (Wahl, 2003). Yet Leijssen (2006) argues therapist and client are always *bodies* interacting, never just speaking and proposes that therapeutic work and change require embodying:

> "Even if non-verbal events in psychotherapy are overlooked or not consciously noticed, they occur, and relational mutual influence happens largely on a bodily level. Putting the body on the map of psychotherapy can help psychotherapists to perceive and to use the bodily information …There has to be a physical change and a verbal or cognitive change for the change to be supported or real. Psychological change must be experienced physically if it is to stick. After all, we know for sure that human life is existence in a body and a bodily experience." (Liejssen, 2006, p143-144)

This introduces notions of intersubjectivity and the section will now explore potentially embodied notions informing intersubjective and humanistic theories since these inform the practice of counselling psychology.

Intersubjective theories. Relational counselling psychology incorporates the idea of working in the relationship and notions of intersubjectivity, where the client and counselling psychologist are viewed as experiencing subjects interacting with and influencing each other. A number of theorists consider this interchange to include embodied aspects (Schore, 2003; Stern, 2004; Beebe & Lachman, 2003). Although Schore (2003) roots his theories in the positivistic frame of neurological processes and research, essentially he also proposes intersubjectivity is negotiated via embodied processes occurring non-consciously. He suggests the therapeutic lies not in insight-orientated interpretations but in a relational mechanism of mutual reciprocal influence where the therapist non-consciously responds to the client's affect and ultimately provides an experience of an emotionally attuned other, where emotional states are co-regulated. His theory proposes this dyadic process eventually becomes internalised (literally in brain structure) by the client and facilitates growth (Schore, 2003). Beebe and Lachman (2003) build on these theories of implicit relational knowing and continue to move away from theories emphasising internal processes, they offer a dyadic systems view where inner and relational processes are co-constructed and of equal importance. By the provision of a new "system", in the form of the practitioner, they propose clients' systems are disturbed during interactions with the practitioner, producing new non-conscious knowledge of the possibilities of relating. Based on ideas about self and interactive regulation they formulate treatment as involving a fluctuation between explicit verbal interpretations and a moment-by-moment negotiation of relatedness occurring implicitly and non-verbally.

Stern (1998) suggests the majority of therapeutic change occurs in the non-verbal domain of implicit knowledge, where in addition to the explicit verbal agenda of therapeutic practice there is the implicit agenda of regulating the immediate intersubjective field. It is

proposed this may be the main task of therapy and is mediated by implicit knowing that is neither conscious nor unconscious but non-conscious involving unreflected upon awareness, where this implicit relational knowing is the site of powerful therapeutic action (Stern, Sander, Nahum, Harrison, Lyons-Ruth, Morgan, Bruschweilerstern, & Tronick, 1998; Stern, 2004). Significant moments-of-meeting between therapist and client are proposed to develop new intersubjective relational understandings permitting new ways-of-being-with-the-other (Stern et al.,1998). Stern (2004) explores the nature of the enduring present moment where embodied minds are interwoven with and co-created by environments and are constituted via interactions with other minds suggesting embodied intersubjectivity.

These intersubjective views challenge one-person psychologies by emphasising that human experience emerges from and is embedded within relational systems, where what happens between therapist and client is not just a product of the client's past and internal psychopathologies (Stolorow & Atwood, 1997). Working with an awareness of intersubjectivity involves holding a balance between the client's internal world and the interactions between the therapist and client where the therapist has to attend to clients' inner conflicts, the intersubjective *between-us* and what occurs between the client and others (Evans & Gilbert, 2005). In considering the processes occurring outside of psychological understandings and interventions intersubjective theories begin to acknowledge embodied aspects, as do humanistic theories.

Humanistic theories. Some of the modalities within counselling psychology trainings incorporate aspects of the body in therapeutic work e.g. person-centred, existential. The person centred paradigm is often overlooked as a body centred perspective (Fernald, 2000); for Rogers the therapeutic environment enabled more direct experience and trust of the whole organism, where body experience comprised a significant feature (Wahl, 2003). Rogers stated

> "it is the overstress on the conscious and the rational and an underestimation of the wisdom of the total reacting organism that prevents us

> from living as unified, whole human beings …dichotomised persons are still an overwhelming majority. …Most of us consist of two separated parts, trying desperately to bring themselves together into an integrated soma, where the distinctions between mind and body, feelings and intellect would be obliterated." (Rogers, 1973).

Rogers proposed the offering of core conditions including empathy, genuineness and unconditional positive regard reduce the dichotomy in experiencing (Kirschenbaum & Henderson, 1989; Rogers, 1951, 1961).

Some counselling psychology trainings incorporate "focussing", which seeks to access the "felt sense" (Gendlin, 1978). Similar to Rogers, Gendlin (1978) proposes the felt sense is felt in the body, has meanings, and is body and mind before they are split apart. He challenges dualism by stating that focusing is not just accessing feelings but bringing "thinking" back in touch with body knowledge to produce something more powerful where the body "knows" when a good fit is found in language producing a body-shift and sense of relief (Gendlin, 1978). There is much cross over between Gendlin's suggested techniques and Rogers' client-centred ones in their emphasis on notions of resonance; which for Gendlin (1978) is between rational knowing and body-knowing – language and felt sense, and for Rogers (1951,1961) congruence between internal experience and expressed experience. Both approaches fit within a humanistic tradition and seek some kind of connection to a deeper experiencing.

2.4.4 Discussion. Counselling psychology seems to have its foundations in conflicted epistemologies where different philosophies inform the varying theories the counselling psychologist is required to integrate in their practice and it utilises contrasting ontological views concerning the conceptualisation of the formation and nature of selfhood. Counselling psychology addresses the body through traditional psychological notions of the individualistic psyche, through psychodynamic and developmental notions of optimal development and pathology. Where it seems to address notions of embodiment is through ideas about non-

psychological aspects of intersubjectivity and through ideas like organismic experiencing and felt sense. Due to the identified problems of dualism inherent in language, "non-psychological" is used deliberately throughout this inquiry to describe processes that are not exclusively located in the psyche. These are not conscious thoughts or reflections, they occur elsewhere in experience. As it would contradict an embodied view to locate them in a specific part of the person they are described, in this inquiry, by where they are not i.e. they are not located in the "psyche". Returning to the discussion, these non-psychological ideas still do not seem to adequately address the notion that subjectivity is embedded and embodied. In researching whether embodiment as a concept can be of any use to the counselling psychologist, this inquiry aims to bring together varying views of embodied experience and practice and consider the implications this may have for understanding experience and clinical work. It has been suggested that diminishing the impact of embedded embodiment, occurring within social and cultural situatedness, does a disservice to clients by failing to acknowledge the real world in which they live (Cooper, 2009). It is suggested we also do research a disservice by failing to acknowledge the real world in which it takes place and in which the issues under investigation exist.

There are many criticisms of isolated intra-psychic views particularly within social constructionist and feminist literature that are explored in the following section. Having explored the theories about the body and embodiment that counselling psychology utilises the discussion will now move to considering theories around the diagnosis of anorexia nervosa.

2.5 Anorexia Nervosa

2.5.1 The problems with notions of diagnosis. The notion of psychiatric diagnosis is rooted in a medical model of disease and positivistic ideas about the existence of discrete conditions that can be usefully differentiated, where groups of individuals with those conditions display similar symptoms and have different underlying pathological processes

that are best treated in different ways (Foucault, 1967, Cooper, 2004). This is problematic when considering mental disease as opposed to physical disease because of the varying purposes to which these differentiations are put, on what basis they are made and who makes these decisions. Diagnosis assumes a dichotomy between those diagnosable and those not; Foucault (1967), for example, has argued this differentiation of madness from sanity serves the social function of making madness something *other*, creating a reassuring distance between those who are mad and lack reason and those who are sane and have reason. He further argues this perpetuates a power dynamic where the diagnoser is invested with magic authority, is the one who has mastered madness while the patient is subject to it and objectified via diagnosis (Foucault, 1967).

Psychiatric diagnosis serves varying social functions; when criminalized homosexuality was also deemed a mental disorder implying moral judgement, pathology and receptiveness to treatment (Cooper, 2004). It has been argued all psychological phenomenon utilised to normalize or pathologise can be shown to be socially constructed (Parker, 1999). Cooper (2004) has identified links between categories included in the Diagnostic and Statistics Manual (DSM) and the requirements of American insurance companies for a DSM diagnosis before funding treatment, which has influenced the boundaries between disorders, the reported prevalence of disorders and which disorders are preferentially diagnosed. The medical model, the basis of the diagnostic system, has been criticised in the work of Laing, Szasz and Cooper as upholding value-laden conceptualisations of health and illness where madness is a moral judgement (Ussher, 1991). These points challenge the notion of any real distinction between diagnostic categories separate from social judgements or functions; therefore diagnosis could be viewed as a systematised way of imposing social values and requirements upon individuals. Cooper (2004) argues most DSM diagnoses do not reflect natural kinds where natural kinds are represented by things that are subject to natural laws of differentiation, like chemical elements.

Despite these acknowledged problems with diagnosis, Anorexia Nervosa will be defined according the to DSM criteria for the purposes of this research, firstly because it is

the most prevalent conceptualisation and the diagnosis is often a route to free counselling psychology treatment, and secondly because the research wishes to contrast embodied views with the traditional views which the DSM criteria represent. The diagnostic criteria are now outlined.

2.5.2 Diagnostic criteria and characteristics for anorexia nervosa explored. The research is interested in practitioners working with individuals diagnosed with anorexia nervosa where the diagnosis will have been made according to the following DSM-IV criteria which guide diagnosis in the United Kingdom:

A. A refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to a maintenance of body weight less than 85% of that expected, or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

(American Psychiatric Association (APA), 2000).

Anorexia Nervosa is unusual in its diagnostic requirement for physical as well as psychological criteria where the physical body has to be in a specific state of starvation (APA, 2000), however, Keys' induced starvation in healthy male volunteers and found they demonstrated depression, severe emotional distress, a preoccupation with food, reduced sexual interest, social withdrawal and isolation (Tucker, 2006). This suggests some symptoms and experiences of those with a diagnosis of anorexia nervosa stem from embodied states and are not exclusively psychological in origin, making it one of the few mental health diagnoses that cross the apparent mind-body divide. It is considered a serious psychiatric condition, where 10 to 20% of individuals hospitalized for anorexia nervosa will die within 10 to 30 years, mostly as a result of severe and chronic starvation (APA, 2000).

2.5.3 Traditional views of anorexia nervosa. Fairburn (2003) offers one traditional view of anorexia nervosa in his cognitive behavioural conceptualisation where over-evaluation of eating, shape and weight results in restriction of food intake and control of weight in extreme and rigid ways leading to starvation syndrome (Fairburn, Cooper & Shafran, 2003). Four maintenance factors are proposed for eating disorders generally and anorexia nervosa specifically: clinical perfectionism, core low self-esteem, mood intolerance and interpersonal difficulties, where these operate in partial independence in individuals to create the varied and fluid forms of eating disorders with the majority involving a central cognitive disturbance (Fairburn et al., 2003). Based on this conceptualisation, proposed treatment involves modifying the patient's psychopathology of over-evaluation while addressing individual maintenance factors (Fairburn et al., 2003).

Conceptualisations often suggest the cluster of symptoms leading to a diagnosis of anorexia nervosa are disorders of self-experience resulting from early lack of attunement by caregivers resulting in limited capacities to experience and tolerate emotions alongside a disordered sense of self (Connan & Treasure, 2000). Suggested predisposing factors include an underlying neural template affecting emotional and information processing with core issues relating to the stress response, emotional reactivity and coping, with research suggesting those diagnosed rate high for alexithymia and low on emotional awareness (Treasure, Tchanturia, & Schmidt, 2005).

Anorexia nervosa is viewed as functioning to defend against emotions triggered by social threat (shame, guilt, jealousy) as well as communicating hard to ignore messages to others, centring on the idea those diagnosed wish to avoid experiencing and expressing intense negative emotions and close relationships that may trigger these (Schmidt & Treasure, 2006), therefore they are seen as attachment-avoidant (Treasure et al., 2005). Dieting initially offers a sense of mastery and control over the body and life, eating begins to be viewed as a failure threatening emotional equilibrium, while the physiological drive to eat results in preoccupation with food in the face of which emotions become less salient and resulting feelings of numbness become valued (Schmidt & Treasure, 2006). Suggested traits

of individuals with the diagnosis are obsessive compulsion, perfectionism and rigidity, experiential avoidance and an unwillingness to remain in contact with particular private experiences e.g. bodily sensations, emotions, thoughts, memories (Schmidt & Treasure, 2006). Individuals with the diagnosis are considered to minimise their needs while suppressing negative emotions in order to preserve close relationships and their families are thought to exhibit high expressed emotion characterised by emotional over-involvement, criticism and hostility. Two potential dynamics are proposed, one where interpersonal relationships become coloured by struggles for dominance and control where the "anorectic's" victories increase self-potency and esteem while eliciting hostility from others. In the second the "anorexic" becomes special, dominating the family and high levels of distress and anxiety associated with anorexia receive some comfort via avoidance of conflict (Schmidt & Treasure, 2006).

Effective treatments are suggested as those tackling interpersonal and psychological issues (Treasure et al 2005); those with a motivational focus promoting the therapeutic alliance in the face of resistance alongside weight and medical monitoring, nutritional management and education, and SSRI antidepressants (Connan & Treasure, 2000). Family therapy, Cognitive Behavioural Therapy, Cognitive Analytical Therapy and eclectic formulations drawing on each of these depending on the individual presentation have all been suggested as beneficial (Connan & Treasure, 2000).

It has been suggested, however, that anorexia nervosa as a diagnosis has become increasingly medicalised similar to the medicalisation of schizophrenia, with moves towards more biological explanations with the advent of genetic and brain imaging studies (Keel & Klump, 2003). There has been a move away from exploring anorexia nervosa as a culture bound syndrome where weight and shape concerns were linked to Western cultural values (Keel & Klump, 2003, Schmidt & Treasure, 2006). Psychotherapeutic conceptualisations of the diagnosis of anorexia nervosa have been criticised for their roots in modernist, structuralist epistemologies where norms of behaviour are constructed by professional disciplines (Botha, 2009). They make assumptions about underlying causes for pathology

located within the individual or family; view the problem as diagnosable and treatable by a specifically designed set of practices, resulting in the existence of anorexia nervosa as a clinical entity that is then discovered and diagnosed within the individual (Botha, 2009). Recently qualitative research has increased within eating disorders (e.g. Spivack & Willig, 2010; Strife & Rickard, 2011); and social constructionist views are increasingly being acknowledged alongside this. However the diagnosis itself and treatment tends to remain predominantly within a positivistic medical model discourse and this is where the majority of research continues to take place. The chapter will now explore the criticisms in social constructionist and feminist literature regarding the pathologising of eating disorders and women's experience in general.

2.6 Contextualisation and Feminist Discourses about Anorexia Nervosa

2.6.1 Anorexia nervosa: Culture bound syndrome? Anorexia nervosa is now explored with reference to social constructionist and feminist discourses, that argue the body is not an isolated object; instead culture and society's power impacts on ontology and embodiment in particular. It is predominantly women who receive the diagnosis, therefore much of the literature in this chapter is based on feminist writings and as such is gender biased, it is argued women are more vulnerable to the particular social and cultural pressures that find their resolution in "anorexia" (Orbach, 2009). While this section focuses on these pressures, the relevance to "the body" and embodiment is that many of these pressures are argued to be exerted upon and manifest via the body (Blood, 2005; Bordo, 2003; Gordon, 1990; Hepworth, 1999; Orbach, 2009; Scholnick & Miller, 2008). Orbach (2009) argues there is no pre-given body, uninfluenced by family custom or social and cultural designation but Descartes' legacy means we have no language or way of conceptualizing ourselves as "psychosomatic". In this section the researcher utilises the language of the writers being discussed and where terms such as "anorectic" are used it should be assumed this is the deliberate terminology of the writer and not a labelling of individuals diagnosed with anorexia by the researcher.

Gordon (1990) proposed “anorexia” as a culture bound syndrome utilising Devereux’s notion of an “ethnic disorder” in which the crucial contradictions and core anxieties of a society are expressed. Many of Devereux’s key criteria for an ethnic disorder seem apparent with anorexia nervosa, including that the disorder occurs frequently relative to other disorders; expresses itself in degrees with a spectrum of sub-clinical cases; where symptoms are exaggerations of often highly valued normal behaviours and attitudes; the disorder is a highly patterned template of deviance providing individuals with acceptable means of being irrational, deviant or crazy; and elicits ambivalent responses from awe and respect to punishment and control generating its own politics within the culture (Gordon, 1990, p7). The current prevalence of anorexia is increasing, with many individuals engaging in “anorexic behaviours” (food restriction and body obsessions) without incurring a diagnosis (Bordo, 2003, Orbach, 2009). The fascination with anorexia is evident in the 15.6 million results for “pro ana” on Google’s search engine, websites criticising or celebrating the culture of extreme thinness and self-restraint (search conducted June 2011), suggesting the disorder has generated its own politics and gained notoriety as well as eliciting both awe and horror (Schmidt & Treasure, 2006). The visibility of celebrity sufferers suggest it may provide a socially acceptable means of irrationality, aspects of anorexia are currently desirable e.g. “size zero” and individuals with anorexia nervosa tend to highly value their “illness” (Treasure et al., 2005, Schmidt & Treasure, 2006). In relation to punishment and control it incurs loss of liberty via the mental health act, enforced feeding and behavioural treatment programmes. Although strict behavioural regimes are no longer deemed appropriate (Connan & Treasure, 2000), within the last 20 years some treatments have involved apparently punitive measures e.g. gain weight to be permitted family contact, personalise your hospital room or eat with others (based on anecdotal information from professionals and those diagnosed). There is the reality in inpatient treatment that liberty is unlikely to be returned without restoration of weight, resulting in individuals compliantly eating to be discharged. In response to the control of medical treatment regimes many strive to retain a level of anorexia, maintaining a body-weight within the diagnostic range but above that which results in sectioning and enforced treatment to preserve life. The diagnosis of anorexia seems to meet the requirements of a

culture bound syndrome and there will now follow an exploration of the aspects of culture that may foster “anorexia” as a paradoxical solution to social and cultural pressures.

2.6.2 Epistemologies and Foucault’s notions of power. Western philosophies have viewed the body as “animal, as appetite, as deceiver, as prison of the soul and confounder of its projects … as epistemological deceiver” (Bordo, 2003, p3). This dualist historical perspective is gendered in nature devaluing both woman and the body with which she is connected – literal caretaker of the flesh of infants and the sick, source of unreliable intuitions; whereas man is reason, innocent and dignified standing clear of the flesh and maintaining perspective and anorexia can be viewed as “a defence against the femaleness of the body and a punishment of its desires” (Bordo, 2003, p8).

A number of feminist writers utilise Foucault’s ideas regarding the operation of power within society and culture, exploring how women seem to be willing (if unaware) participants rather than passive victims of social pressure (Bordo, 2003, Blood, 2005). Foucault (1975) argues power does not exclusively operate from the top down with powerful oppressors controlling weak victims. True power lies in the pressures of social and cultural norms producing self-surveillance and self-correction ensuring dominant forms of self-hood and subjectivity are maintained (Foucaoult, 1975/1977). Meaning women come to value for themselves the dominant cultural values, producing a paradox where women perceive the pursuit of these norms as related to empowerment, autonomy and freedom, where not attempting to manipulate, control and sculpt the body is viewed as not valuing oneself enough (Bordo, 2003; Orbach, 2009). Blood (2005) suggests social power works through language, where subjectivity is constructed via language and is therefore within the cultural and social order. Utilising Foucault, she suggests power regulates minute elements of the construction of embodiment, producing and normalising bodies in ways serving current social relations of dominance and subordination (Blood, 2005). Dominant discourses become “common sense” and produce subject positions from which individuals can speak or be addressed, meaning, “less dominant discourses are not available as subject positions through which women may meaningfully act and understand themselves and others” (Blood,

2005, p49). The ontological implication is that it is impossible for a woman to experience herself outside of the context in which she exists and comes to conceptualise herself.

2.6.3 Anorexia nervosa: The crystallization of culture? Bordo (2003) views anorexia nervosa as the crystallization of culture where a number of cultural currents converge, identifying three "axes" on which these operate: the dualist axis, the control axis and the gender/power axis. The dualist axis has already been introduced with its view of the body as a prison from which the soul, will or mind struggles to escape; it is the enemy, the material envelope for the inner and essential thinking self. On this axis anorexia becomes a battle of mind against body, where thinness represents the triumph of the will over the body, a transcendence of the flesh, with hunger as an alien invader (Bordo, 2003).

The control axis suggests, individuals diagnosed with anorexia, experience both life and hunger as out of control and although the primary identification is with the mind and will, mastery and control are achieved through the body. Orbach (2009) proposes individuals with the diagnosis create hunger to reassure themselves they can overcome it. The accomplishment of total mastery over the body offers the reassurance of overcoming physical obstacles, the thrill of being in total charge and the pleasure of control and independence; culturally this holds true in arenas such as body-building, marathon running and physical training generally (Bordo, 2003). In recent times "entertainment" has taken the form of mastery over the body, the illusionist who publicly starves himself in a box or survives being frozen in ice, the circuses where nails are driven into nasal passages, needles pierced through skin and tongue, Bordo (2003) suggests contemporary body-fetishism represents a fantasy of self-mastery in an increasingly unmanageable culture. Yet, despite the focus on the body there is "little pleasure in the *experience* of embodiment" and the paradox of anorexia is that despite the 15% death rate and the outstanding feature being a sense of powerlessness, the anorectic's dominant experience is one of invulnerability (Bordo, 2003, p151).

Bordo's (2003) final axis is gender/power where the anorexics' battle occurs between a dominating male will and an uncontrollable female body where *female* culturally represents a voracious hunger and sexual appetite; culture is not gender neutral. The historically earlier phenomenon of hysteria has been compared to anorexia (Gordon, 1999; Bordo, 2003). Mfany of Freud's "hysterical" women were acknowledged as unusually intelligent, creative, energetic, independent and highly educated, and hysteria peaked at a time when culture encouraged women to live quiet domestic lives avoiding intellectual pursuits (Bordo, 2003). Culture appears to fear unrestrained woman, with metaphors often utilising hungering and eating imagery – the woman who will "eat you alive" and it is this image of the female self internalised in anorexia (Bordo, 2003). It is suggested women often experience themselves as too much, extravagantly and excessively needful and always wanting (Bordo, 2003; Orbach, 2009). Women are presented with dichotomous views of themselves as dangerous and aggressive, with a corresponding feminine ideal of ministering angel purged of all threatening elements. Bordo (2003) concludes:

> "the female body appears, then, as the unknowing medium of the historical ebbs and flows of the fear of woman as "too much" where the individual diagnosed with anorexia is the most startling and stark illustration of how cavalier power relations are with the respect to the motivations and goals of individuals, yet how deeply they are etched on our bodies, and how well our bodies serve them." (p163).

2.6.4 The fallacy of body image disturbance. Body image and its disturbance have a long history of research and have been utilised to "understand" anorexia nervosa (Casper et al., 1979; Benninghoven et al., 2007; Dworkin & Kerr, 1987; Gardner & Moncrief, 1988; Gila et al., 2005; Hrabosky et al., 2009; Pruzinsky & Cash, 2004; Ruffolo et al., 2006), yet some consider the connection between body image disturbance and anorexia nervous to be misleading, if not a myth (Blood, 2005; Katzman & Lee, 1997; Zanker, 2009). Culture bound views of self-starvation have been challenged since they do not explain self-starvation in the absence of a fat phobia and fail to recognize the condition in non-western cultures where this may not be part of individual experience (Katzman & Lee, 1997). It is argued the concept of

"westernisation" is over-emphasised to resolve this but has not been adequately deconstructed and examined (Katzman & Lee, 1997). Katzman and Lee (1997) argue fat and food focussed measuring instruments provide false knowledge regarding motivations of self-starvation and qualitative analytic tools could provide deeper meanings, contextual understandings and reduce authoritarian treatment hierarchies and an insensitivity to power issues. Katzman and Lee (1997) propose a conceptualisation of self-starvation as an instrument of negotiating transition, disconnection and oppression where power differentials are embodied where a "no control phobia" may be a more useful and inclusive understanding than "fat phobia".

On the theme of culture's impact on women's ontology and embodiment, Blood (2005) argues it is impossible for any woman to be able to accurately perceive what is "really there" in terms of her body and consequently argues against the conceptualisation and research of body image. Body-image research is based on ontological assumptions of duality where the body is reduced to an object of knowledge with fixed properties and a simple realism with a stable real world existing to be perceived either accurately or inaccurately (Blood, 2005). Blood's (2005) stance is a relativist one where person, body and world are fluid, with the mind, consciousness and self, being thoroughly social, contextual and relational and she frames scientific observation as a "male gaze" pathologising women's experience. Scientific discourse claims obtainable truths about individuals and "normality" is defined by coherence, consistency and rationality where a person is a comprehensive durable whole; whereas Blood (2005) argues subjectivity is inconsistent and contradictory especially against the backdrop of social and historical discourses shaping them through language, which are often contradictory themselves. This implies the positivist view is at best an ontologically partial truth based on manufactured narratives of understanding stemming from an epistemology where any body can be viewed accurately and inaccurate perception of the body can be used to define pathology.

Orbach (2009), however, critiques the post-modern celebration of multiple selves/bodies as dismissing the distress of the pre-integrated body and the seeking of body-

coherence; she suggests post-modern views fit all too well with cultural pressures to fashion new identities, where bodies are viewed as plastic productions in need of constant re-sculpting. Orbach (2009) states “when confusions are created around size, when size depends on the transformation of personal biology and not on knowing and responding to when one is hungry and when one is satisfied, there can be no peace. The sense of having a stable body whose size and appetites one knows and can trust is elusive.” (p100). She argues the body is no longer a place from which to live but a “casing for fantasy”, the current culture’s signifier for psychological control, membership of class and implied aspirations (Orbach, 2009).

These are powerful arguments for the impossibility of conceptualising the body as a discrete, concrete entity, they demand an ontological view based on embedded embodiment where the experience of self cannot be based on the duality of a mind perceiving a body untouched by external forces. These viewpoints require the acknowledgement of the experience of being-bodily-in-the-world, of lived experience occurring within contexts that determine it. The body as visual element of being-in-the-world is particularly subject to the scrutiny of culture and its attitudes towards it therefore an embodied view introduces the embedded nature of being. Any attempt to research embodiment must therefore acknowledge embeddedness in its method.

2.6.5 Constructivist discourse as disembodying? It is embodiment as lived experience rather than socially constructed body that is under investigation in this research. From a different perspective it is claimed social constructionist or feminist accounts neglect the role of a lived body, disembodying body-images by presenting them as merely the effect of historical power relations and discourse (Sanz & Burkitt, 2001; Weiss, 1999). It is also not clear what the link is between social factors like mass media and disordered eating (Levine & Murnen, 2009). Weiss (1999) suggests embodiment “is never a private affair, but is always already mediated by our continual interactions with other human and non-human bodies” (Weiss, 1999, p4). Weiss (1999) utilises both Lacan and Kristeva to challenge the notion of a coherent body image, the reassuring fiction of the coherent image interpreted from the

infant's mirror image requires that something be subsumed. Weiss (1999) argues anorexia could stem from an excess of coherence, an over attachment to one particular body image rather than acceptance of multiple body images which may be more representative of actual experience and allow "non-pathological subjects" to maintain a sense of corporeal fluidity. She suggests "to arrive at an embodied understanding of anorexia and other eating disorders … requires beginning with their lived, bodily dimensions rather that with a medical, cognitive or even cultural diagnosis of them" (Weiss, 1999, p103). For this research lived bodies need to be understood contextually, producing its position of embedded embodiment attempting to span the space between the individual and the social.

2.6.6 Discussion. Social constructionist perspectives show the embedded nature of embodiment and therefore ontology, suggesting the struggles of the person with a diagnosis of anorexia are primarily with external rather than internal forces, namely society and culture rather than psychological deficits or conflicts. These perspectives challenge the individual pathologising of women's embodiment (Gordon, 1999; Malson & Swann, 1999; Weiss, 1999; Sanz & Burkitt, 2001; Blood, 2005; Orbach, 2009) and place the individual's struggle firmly in its context where "problems" are not to do with deficits or pathology, less blame is apportioned to the individual and "anorexia" is reconceptualised as a solution to societal pressures, all be it a paradoxical one. They also reconnect counselling psychology practice with the world in which it takes place; showing individual psychological interventions are a drop in the ocean compared to pervasive contextual pressures.

The epistemological implications of constructionist views are that we can know about ontology by understanding the society and culture from which it emerges and can obtain this by examining the power and dominance of their varying discourses. The wider scope of this epistemology, not of a one or two person psychology but a socially embedded psychology, fits with the humanistic ethics and philosophy that underpins counselling psychology practice (Cooper, 2009). Social constructionist perspectives move people towards collaborative interpersonal processes, encourage re-examination of often stifling cultural practices and challenge psychologists to attend to the importance of meaning making processes in human

experience (Raskin, 2002). Our experience of ourselves is defined by the cultural values that influence our perceptions of ourselves and embodiment cannot be separated from the context in which it occurs, the methodological implications are that in seeking to understand the usefulness of embodiment the research must take into account the context in which embodiment is understood.

2.7 Contemporary Research Horizon

Relevant contemporary research is now explored, as previously stated there is no research fully addressing all of the issues under investigation; however there are studies incorporating individual aspects. Each study on some level attempts to sit outside positivistic epistemologies, explores some form of eating disorder diagnosis using a qualitative methodology and offers something to this inquiry from either a methodological or epistemological standpoint.

Skarderud's (2007a) qualitative study examined metaphor use and bodily symbolisation in individuals diagnosed with anorexia nervosa; it utilised Merleau-Ponty's notion of embodiment alongside Lakoff and Johnson's ideas regarding linguistic cultural metaphors, claiming these place the research outside Cartesian dualist notions. Emerging metaphors from the study included purity and solidity, and complex metaphors including notions of control and self-worth (Skarderud, 2007a). Skarderud (2007a) proposed these metaphors opened up a rich diversity of meanings in contrast to the basic understanding of anorexia nervosa as a drive for thinness, but then suggests the problem in anorexia is the concretisation of these metaphors so physical experiences are taken literally as psychological experiences. From this, Skerderud (2007b) proposed a core psychopathology where concretisation of metaphors are a regression of representational functioning linking to poor capacities for mentalisation and proposes mentalisation-based therapies (2007c). Therefore the exploration remains rooted in individualistic epistemologies and ontologies, it

does not consider an alternative embodied or contextualised analysis that is the aim of the current inquiry.

Grant and Boersma (2005) conducted a hermeneutic analysis of adult's explanations for obesity, arguing hermeneutic methodology allows meaning to be co-constructed between researcher and participant with interpretation from a cultural perspective. The identified contexts in the study included social meanings of food, family patterns in historical context and the function of food in providing comfort (Grant and Boersma, 2005). Grant and Boersma (2005) acknowledge "social and cultural discourse and contradictions play out at the individual level" (Grant & Boersma, 2005, p218), supporting the proposal of this research that there may be something particularly important in contextualising experiences around eating and body size that must be addressed methodologically. This study attempts to contextualise themes within the personal histories of the individuals who described them and the social context in which they developed. One of the emerging themes included "knots", seen as sources of immobilisation, sometimes between contradictory discourses where inability to lose weight is both the individual's fault (lack of control) and out of their control (genetics). They conclude "in the light of the histories of assaults on the physical and psychological self, individuals already blame themselves for being unacceptable. It is therefore imperative that we understand the nature of the problem rather than change the person" (Grant & Boersma, 2005, p219). This current research argues "anorexia" needs to be understood from a wider perspective than views of individual pathology allow by acknowledging personal, social, cultural or historical influences, since it is not possible to isolate individual experience from these.

With reference to the practice of bulimia, Burns (2006) adopts an interesting position of embodied reflexivity when examining interview dialogues between researchers and participants. Embodied reflexivity utilises notions of reciprocal intersubjective exchange, where the bodies of researcher and researched are thoroughly implicated in the process, adopting a feminist post-structuralist approach aiming to explore tensions around embodiment where the body is seen as simultaneously material and discursive. Burns

(2006) suggests feminist and qualitative research tend to neglect engagement with embodied experience but she is not simply advocating a reversal of the privileging of mind to body. She proposes and utilises an attention to the embodied experience of the researcher during the interview, where this information is viewed as much a part of the data as any verbal material. It involves consideration of the interaction between the researcher's embodied subjectivity and that of the participants since both are engaged in mutual (re)construction of meanings and no "body" exists neutrally outside of inter-corporeality. She argues treating verbal data as merely "intellectual" disembodies them and loses data situated outside of language, stating "embodied reflexivity is an important and purposeful strategy for (critical) qualitative psychologists concerned with enriching their analyses, interrogating their ethics and troubling the divisions that are constructed between their participants and themselves as researchers" (Burns, 2006, p14). Burns (2006) recognises this is a risky approach but suggests it allows more in-depth analysis of concealed power dynamics.

An interpretative phenomenological analysis (IPA) has been carried out regarding health professionals' understandings and experiences of treating young people with anorexia nervosa (Jarman, Smith & Walsh, 1997). The study focussed on the theme of control, illustrating its multifaceted nature and highlighted the importance of therapists' subjective understandings and experiences. It identified therapists' views regarding the legitimacy of the desire for control had critical consequences for how the individual's treatment was directed and experienced. The study revealed the unique and individual nature of the theme of control for both client and practitioner where it has idiosyncratic meanings for each. IPA methodology is suggested to have allowed more depth and complexity in relation to theories around the diagnosis absent from prior research where examining meaning in context provided rich and clinically relevant data (Jarman et al., 1997).

This research explores whether embodiment emerges or is considered useful in relation to the diagnosis of anorexia nervosa. What is also emerging is an interest in how psychological therapies are used by practitioners and what views of individuals they allow.

The last two studies support dialogic ontological views where perspectives, meanings, bodies and experiences are situated within a discourse between the individual and their contexts, where epistemologically knowledge about individuals cannot be obtained by examining them in isolation. This poses some problems in terms of methodology since it may not be possible to separate experiences or perspectives from their personal, social, cultural or historical influences, therefore these must be acknowledged in any attempt to explore them. The next chapter explores these methodological issues in more depth.

CHAPTER THREE: HORIZONAL METHODOLOGY

The first section of this chapter will look at the nature of the question being addressed in relation to the selection of a qualitative methodology over a quantitative, and then of a hermeneutic methodology over other qualitative methodologies. It then focuses on the nature of the question in relation to the chosen hermeneutic methodology where the question being addressed is whether the concept of embodiment is of use to counselling psychologists when working with individuals diagnosed with anorexia nervosa.

Embodiment is viewed from the perspective of Merleau-Ponty (1945/1962) where it is an ontological given, a lived experience rather than a “thing” to be discovered, as such the methodology needs to be able to consider questions of being and experience. From proponents of hermeneutic inquiry, like Heidegger (1927), Gadamer (1960) and the work of phenomenologists like Merleau-Ponty (1945/1962), we have come to understand that being embodied provides us with a perspective; ontologically we have a view of the world and encounter it from *this* place. Epistemologically, embodiment is the route through which we gain knowledge and information about the world and is what affords us different ways of knowing. This requires the inquiry to hold an awareness of the place from which it views the research questions, the methods utilised to acquire knowledge and the kind of knowing it allows and disallows. Hermeneutics is explained with reference to issues of phenomenology, ontology and the work of Husserl, Heidegger and Merleau-Ponty (Polkinghorne, 1983). The specific ways in which hermeneutic methodology enables understanding is explored utilising the work of Gadamer (1960) before the chapter explores whether the methodology can be considered to be an embodied one by exploring issues relating to language and ontology.

The specific method is outlined in section 3.3 where the research terms are defined and the process of participant recruitment described. The gathering of data via semi structured interviews and the identification of specific interview questions is explained. Following this the overarching hermeneutic approach to the research as a whole is outlined

and the phases of thematic analysis, which will be used to consider data, are described with reference to the work of Braun and Clarke (2006).

3.1 Qualitative Methodology

Having identified the nature of the question being explored as an essentially ontological question, this chapter now considers the nature of qualitative research methodology and the kinds of methodologies that enable this sort of question to be explored. Qualitative inquiry allows more freedom and potential richness of exploration than the quantitative positivistic approach originally considered in the introduction, but it also has a set of assumptions limiting the questions it can address (Rafalin, 2010). Polkinghorne (1983) suggests the development of knowledge takes place within contexts and is subject to the limitations of available concepts and tools the context provides. For example, quantitative methodology would be perfectly suited to the study of the average head circumference of a particular group of people whereas qualitative methodology could only consider how people in this group experience their head size. Quantitative methodology coming from a material realist perspective would limit the answer to a unit of measurement deemed to be true for that group of people; qualitative methodology would provide a range of descriptions limited by the individual reflective capacities and language available to participants and comes from a more relativist perspective where “truth” becomes irrelevant. Overall qualitative methodologies do not seek nor provide truths, since this research is not seeking a “truth” but an examination of the usefulness of a concept relating to lived experience, it is better served by a qualitative methodology.

Qualitative methodology emphasises an inductive inquiry where meaning and deeper understanding is sought rather than truth (Loewenthal, 2007, Milton, 2010), it does not start with a hypothesis but allows something to emerge. It is suggested, “the face to face encounter provides the richest data source for the human science researcher seeking to understand human structures of experience.” (Polkinghorne, 1983, p267). As such a

qualitative methodology utilising face-to-face interviews is more useful for the exploration of embodiment as lived experience. Qualitative methodology acknowledges a relationship between the researcher and the researched; it looks at what emerges between them and is a search for meaning (Loewenthal, 2007). It places the subjective experience of participants at the forefront of the data being collected allowing a dialogue between participant and researcher. It allows a glimpse of individual experience but excludes generalization, since the results are a complex interplay of contexts or horizons specific to the individual participants and the researcher. It sits outside empiricist, positivist paradigms, neither seeking nor claiming to provide definitive truths; it seeks to focus on the unique human phenomena of meaningful experience (Polkinghorne, 1983). Qualitative methodologies provide the possibility of acknowledging context while exploring aspects of experience and its potential meanings. Since this research explores embodiment as an embedded lived experience, a qualitative methodology was selected. A number of qualitative methodologies were explored before hermeneutics was chosen for this inquiry.

Although a qualitative methodology, grounded theory seeks to provide a generalizable theory based on what emerges from participant data and as such veers towards a positivistic philosophy (Alvesson & Sköldberg, 2009). This inquiry may consider implications for practice and research but does not seek any applicable general theory; it is interested in an exploration of the usefulness, meanings and implications of embodied views for practitioners of counselling psychology in relation to those with a diagnosis of anorexia nervosa. As such it seems the epistemological basis of grounded theory would conflict with that of the current research inquiry and therefore it was ruled out. The phenomenological method, heuristic enquiry, allows for the researcher's viewpoint to be part of the process rather than bracketed off (McLeod, 2001). The researcher is encouraged to take a position, to be transparent about this position and utilise it in relation to the data. However, it does not allow for consideration of the social, cultural and historical context of the concepts under investigation (McLeod, 2001). Given this study is an exploration of an aspect of being-in the-world, it seems imperative that the "world" as it presents itself through culture, society and historicity

is incorporated in the research methodology so heuristic methodology was not considered appropriate.

Discourse analysis considers meanings to be socially constructed and includes in-depth examination of context with particular emphasis on the function of the discourse presented by a text, which discourses are promoted or undermined and can include the reading of text from different viewpoints i.e. from within different discourses (Dallos & Vetere, 2005). Aspects of Foucauldian discourse analysis include gathering a corpus of statements which discuss the object of investigation from varying sources, considering how the same object is spoken about differently, how and why statements change over time (Arribas-Ayllon & Walkerdine, 2008). This form of discourse analysis involves looking for instances of objects being problematised, making them visible and knowable; for technologies which are practical forms of rationality for government of self and others; subject positions which are the cultural discourses available to speakers and subjectification which are the practices and authority which subjects seek to regulate themselves (Arribas-Ayllon & Walkerdine, 2008). An awareness and limited exploration of available discourses forms part of this study (see Chapter 2); however this functions to place the "text" within its contexts. The emphasis of the current study will be on a search for meaning, a focus on individual experience and it intends to explore the impact of horizonal perspectives rather than how data functions to support or undermine various discourses. For these reasons and to retain adequate attention to individual lived experience this method was also ruled out.

All of these methodologies, for the reasons discussed, were discounted because what has emerged is the importance of context and of perspective, the fluidity and uniqueness of the individual lived experience under examination, namely embodiment. Hermeneutics is the particular qualitative methodology emphasising the examination of the contexts from which meanings emerge through interpretation and as such is the chosen methodology. Hermeneutics recognises the importance of acknowledging the pre-understandings of the historical horizon in which the concepts exist and are being studied, as this aids understanding (Fleming, Gaidys & Robb, 2003). Hermeneutic knowledge is provided by

understanding an event with reference to what it is part of (Polkinghorne, 1983); allowing shifting perspectives, as it does not assume phenomena are static nor views of them fixed. Hermeneutic methodology considers any single phenomenon can be seen from different perspectives that highlight certain aspects and hide others. Hermeneutics allows for the contexts of the participant and researcher to influence each other and, since neither is considered static, it is difficult to achieve intersubjective agreement or certainty but it does provide genuine knowledge about the human realm (Polkinghorne, 1983).

3.2 Hermeneutic Methodology

Hermeneutics, with its acknowledgement of multiple and shifting perspectives occurring in relation to contexts, is particularly suited to the ontological nature of the question being explored. The inquiry has shown embodiment is an aspect of lived experience, a phenomenon of existence and being that is fluid, shifting and perpetually coming into being in relation to a context that is also continually emerging and coming into being. One implication is that for each individual, experience and understandings will be both unique and have multiple meanings. Therefore participants' experiences and understandings of the diagnosis of anorexia nervosa, of psychological practice and of the concept of embodiment, and any views regarding these are likely to be fluid and ever emerging. This challenges the research methodology to find ways in which to accommodate individuality, uniqueness, multiple and possible contradictory meanings and fluidity and it is suggested hermeneutics can achieve this.

Broadly speaking hermeneutics is a methodology of interpretation, traditionally used to uncover the meaning of religious texts (Alvesson & Sköldberg, 2009). As a social science methodology, it allows more than description; it interprets in order to access meanings behind actions and expressions (Polkinghorne, 1983). What has become important in this inquiry is the capacity of the methodology to consider the social, cultural and historical context of the concepts and individuals involved in the investigation of a lived experience

contextually embedded, i.e., embodiment. The hermeneutical is aware of its own historical formation, therefore it minimises but does not preclude the possibility of mis-interpretation when exploring potential meanings (Krell, 1978). Hermeneutics is particularly appropriate because, like the research inquiry, it shares roots in the philosophies of Husserl, Heidegger (1927) and Merleau-Ponty (1945/1962) whose view of embodiment is utilised in this research. Therefore, the methodology is consistent with the overall philosophical approach of the inquiry (Friedman, 1999). The research question views embodiment as a phenomenon of existence and this chapter will now explore the links between the hermeneutic approach and the phenomenological tradition via the work of Husserl (Krell, 1978), Heidegger (1927), Merleau-Ponty (1945/1962) and Gadamer (1960).

3.2.1 Phenomonology and ontology: Husserl, Heidegger and Merleau-Ponty.

Phenomenology is the study of the essential structures of consciousness and provides ideas about how to examine and comprehend experience (Polkinghorne, 1983). Husserl's phenomenology focussed on describing the essences of the phenomena of experience, as accurately and comprehensively as possible (Polkinghorne, 1983). Phenomenological seeing is to have an allegiance to the things themselves and the way they show themselves (Krell, 1978; Polkinghorne, 1983). He was interested in the flow of everyday lived experience that is given form by consciousness (Polkinghorne, 1983). Husserl advocated a sequence of reductions aimed at focussing on the essences of experience and a bracketing off of the inquirer's own preconceptions and of scientific constructs since these obstruct the view of these essences and their nature (Smith et al., 2009).

Heidegger followed this call "to let what shows itself be seen" (1927, p81); he similarly encouraged the identification of pre-understandings in order to allow the uncovering of a phenomenon but disagreed with Husserl's idea that pre-understandings could be bracketed off in order to allow a phenomenon to show itself more clearly. Heidegger advocated a shift in emphasis from viewing things in isolation to the importance of viewing things in context (Alvesson & Sköldberg, 2009), arguing we are contextually embedded intentional beings, that it is impossible to remove ourselves from either our context or intentions and shifted the

focus of hermeneutics to ontology; questions about the nature of being (Ormiston & Schrift, 1990). For Heidegger (1927) an aspect of being-there (Dasein) is its ensnarement in the world, tradition and time, where it is inclined to interpret itself from within these contexts, which he called “throwness”. Consciousness is always directed towards something with an intention colouring perception and there is no view from nowhere – every view is a view from somewhere (Heidegger, 1927). Another aspect of Dasein is the constant projection of possibilities that it then allows itself to be, there is a sense of knowing what it is capable of which precedes any “self-knowledge” (Ormiston & Schrift, 1990). For Heidegger to be human is to be interpretive and understanding is the result of engagement with the world where there is no pure truth existing outside of this process (Polkinghorne, 1983), therefore Heidegger’s work was concerned with both phenomenology and hermeneutics (Smith et al., 2009).

Merleau-Ponty (1945/1962) was also interested in understanding ontology and its relationship to contexts but, as outlined previously, he focussed on the embodied nature of existence where the lived experience of being-bodily-in-the-world cannot be ignored. While giving primacy to embodiment as providing ontology with a situated, particular perspective on the world he acknowledges this cannot be captured entirely it cannot be ignored. Husserl, Heidegger and Merleau-Ponty show us that the nature of human existence involves a historically situated flowing consciousness, with directed intentionality in embodied relationship with the world (Polkinghorne, 1983). This results in an ontology that has specific affordances, perspectives and temporality (Smith et al., 2009).

For this inquiry this means both researcher and participants are equally ensnared but there is much to be gained from an awareness of what we are ensnared within; therefore identifying and retaining an awareness of perspectives, contexts and intentions will be a key methodological requirement. The researcher has the intention to seek understanding, therefore possibilities have already been projected into the inquiry i.e. some kind of understanding is expected to be reached. Participant’s responses are similarly limited by their states of mind, contextual viewpoints and what they can perceive to be possible, their

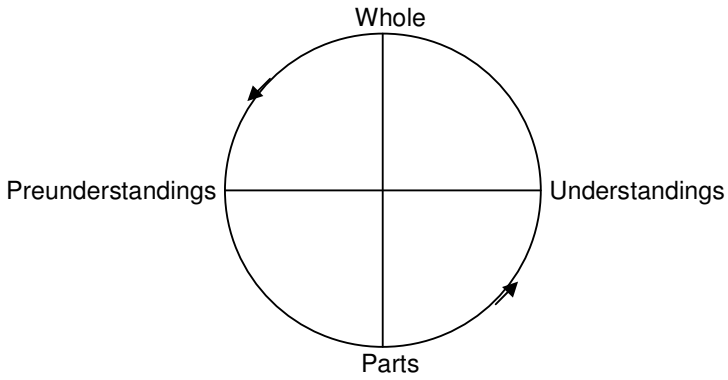
intentionality will affect what they reveal and hide in their dialogue with the researcher. Overall the research inquiry seeks to reveal and retain awareness of the varying aspects of throwness at play and the specific research question could be seen to be exploring whether the potential possibilities afforded by embodied views are of use when working with individuals with a diagnosis of anorexia nervosa.

In summary, Husserl introduced phenomenology as the focus on experience and its perception, where his approach was mainly abstract and theoretical, whereas Heidegger considered experience to be inextricably linked to a world, introducing the notion of being-in-the-world where ontology is contextual, Merleau-Ponty further contextualised ontology and the embodied nature to the relationship to the world (Polkinghorne, 1983). The work of these writers shows the complex understanding of experience involves a lived process, where perspectives and meanings are revealed as unique to an individual's embodied embedded relationship to the world (Smith et al., 2009). As a result all attempts to understand a concept involving a lived process like embodiment will be necessarily interpretive (Smith et al., 2009) and therefore require a method of interpretation such as the hermeneutic approach provides. The section will now consider Gadamer (1960), who similarly viewed knowledge as conditioned by culture and context and builds on Heidegger's (1927) work by exploring the methods that may promote hermeneutically aware understandings of human beings.

3.2.2 The conditions of understanding: Gadamer. Gadamer (1960) suggested, "the flow of experience has the character of a universal horizon consciousness, and only from it is the discrete experience given as an experience at all." (p245). Human experience does not sit still in order to be studied, despite the methodologies created to do just that and Gadamer's hermeneutics acknowledges this and seeks to enter into a co-created journey with participants through emerging meanings. The hermeneutic cycle in which parts and whole, pre-understandings and understandings are constantly reinterpreted in relation to each other acknowledges the flowing nature of both experience and understandings, with the aim of retaining a fluid multiplicity of possible meanings. Neutrality is not the aim but an

ongoing awareness of the biases presented by the interpreter so the otherness of the "text" can assert itself against them (Gadamer, 1960). Prejudices are not necessarily erroneous; they form the initial directedness of our experience (Ormiston & Schrift, 1990, p152). Prejudices constitute our historical reality therefore subjectivity is always viewed through the distorting mirror of the individual (Gadamer, 1960). The researcher is never a tabula rasa; therefore hermeneutics appropriates meaning rather than a mechanical mirroring (Alvesson & Sköldberg, 2009). Gadamer was concerned with the relationship between the interpreter and the interpreted, he proposed a dialectic between the expectations of the interpreter and the meanings in a text, producing a fusion of horizons between them (Polkinghorne, 1983). This means the interpreter's pre-understandings are recognised to play an important part in the hermeneutic process rather than having to be separated out in order to make the process more "pure". These issues result in the continual call in this inquiry to examine horizons and viewpoints not to denigrate them but to acknowledge them as determining potentialities. This facilitates the examination of the initial potentialities of the researcher, the inquiry and participants as opposed to those provided by the horizons of the concept of embodiment.

This research is not looking at the concept of embodiment as an object to be perfectly understood via the investigation; what it is looking at is how practitioners of psychological therapies use knowledge, approach clients with the diagnosis of anorexia nervosa and whether the concept of embodiment is of use in this. It is also an attempt at shared meaning via the hermeneutic circle, allowing for the anticipation of meaning but because the focus moves from part to whole and back again a number of times this anticipation becomes informed by the inquiry itself. It involves the constant mediation of past and present, and describes a way of being in relation to understanding. The complex process is summarized in the following diagram:



(Alvesson & Sköldberg, 2009).

Figure 1 Hermeneutic Cycle

For Gadamer (1960) hermeneutics is about clarifying the conditions under which understanding occurs rather than developing a procedure for understanding. Understanding takes place in the polarity between the familiar and the strange and is co-created, the "thing" being understood influences any interpretation of it, so understanding involves a dialogue between the old (forestructures) and the new (text) where no version of understanding is considered superior, as each will always include a unique historical horizon (Polkinghorne, 1983). Gadamer (1960) defines the horizon as all that can be seen from a particular vantage point, and since horizons change for the person who is moving, the researcher's task is to allow themselves to move via the changing horizonal views demanded by the shifting focus and continual re-contextualisation of the hermeneutic cycle. The aim is an enriching of horizons and in existential hermeneutics a fusion between familiar and unfamiliar reference systems (Alvesson & Sköldbeg, 2009). Polkinghorne (1983) suggests it is more accurate to speak of a hermeneutic spiral since the depth of understanding increases as the process proceeds.

Hermeneutic inquiry introduces the need for context aware interpretations and brings about the horizonal structure of this inquiry. However, it also poses various problems like how to explore individual horizons while maintaining a wider perspective, how can different views be held in mind at the same time, how can each horizon be fully respected and

explored from the outside? How can Gadamer's polarity of familiar and strange be maintained throughout the process of inquiry? The horizonal view also presents the difficulty that each stage of the exploration changes the researcher's horizon as they move through various perspectives. The hermeneutical re-examination from an ever evolving and shifting viewpoint produces a risk that this achieves no viewpoint at all. While this outcome may suit a post-modern inquiry, what use is this to practitioners of counselling psychology? Realistically all that can be captured is moments of stillness in the shifting gaze of the inquiry, with the final view offered as simply one of these moments informed by awareness of context and multiple perspectives.

3.2.3 Language and ontology: An embodied methodology? In terms of whether hermeneutic methodology provides an embodied method for researching embodiment, this is considered possible since it is completed in the realm of spoken language which is itself embodied. Language is the universal medium in which understanding takes place between people where "experience is not wordless … experience of itself seeks and finds words that express it" (Gadamer, 1960, p417). All thought is a speaking to oneself, human speech and language is the horizon of hermeneutic ontology in that all languages are particular views of the world (Gadamer, 1960), therefore language is central to hermeneutic preunderstandings (Alvesson & Sköldberg, 2009). Gadamer (1960) suggests the activity of consciousness coming into a language of meaning implies a universal ontological structure where "being that can be understood is language" (1960, p474). So man's nature is fundamentally verbal and hence intelligible, therefore language unites the being and its presentation of itself.

According to Gadamer (1960), language speaks us but meaning reduced to the specific spoken word is always a distorted mirror. In dialogue, the hermeneutic experience is one of uninterrupted listening where the lack of automatic accord between the speaker and the interpreter calls for interpretation, for assimilation from its alien-ness in the attempt to understand it. It is not an act of empathic attunement; rather it is seeking, via what has been *spoken,* a totality of meaning supplemented by information about situation and context (Gadamer, 1960). Although not an act of attunement, interpretation is not borne exclusively

of reasoning but also via a non-perceptual kind of knowledge where empathic engagement with the non-accessible mind of another promotes assimilation of their perspective and enriches meaning (Alvesson & Sköldberg, 2009). Gadamer (1960), however, cautions that hermeneutical understanding may not produce knowledge about the speaker, rather knowledge regarding what was said and a contextualized fleshing out of a totality of meanings of the said. Hermeneutical discourse seeks a common language where both participants have a share in it, however for fully *embodied* hermeneutic inquiry the saying cannot be detached from the said, to do so would disembody it and conflict with the underlying ontological and epistemological underpinnings of this research.

As explored in Chapter 2, Lakoff and Johnson (1999) discuss the embodiment of "primary metaphor" in language, postulating, "when the embodied experiences of the world are universal, then the corresponding primary metaphors are universally acquired. This explains the widespread occurrence around the world of a great many universal metaphors" (p56). Gadamer (1960) also views spoken language as embodied stating, "the spoken word interprets itself to an astonishing degree, by the manner of speaking, the tone of voice, the tempo, and so on, and also by the circumstances in which it is spoken." (p393). Speaking involves much more than the spoken word, including gestures, accents, speed of speech, choice of emphasis, and all the nuances of a face-to-face dialogue as integral to an understanding of meaning as the spoken word, where the intention of the speaker depends on these non-verbal aspects (Polkinghorne, 1983). Spoken language is the attempt of the infinite mind to make itself understood by another and will inevitably fail to fully achieve this within a finite language, but this leaves room for hermeneutic interpretation of potential meaning (Gadamer, 1960). Human speech is related to that which it attempts to speak about and so participant interviews will result in a dialogue that has a relationship to their experience and is embodied not just because it involves a necessarily embodied vocal apparatus (Gadamer, 1960).

Burns' (2006) research on the experience of bulimia using "embodied reflexivity" took into account the mutuality of embodied experience utilising Weiss's intercorporeality. This

involves the researcher attending to embodied experiences, occurring during participant interviews and providing information about which discourses are invoked and how they impact individual experience. She acknowledges a threat to the "objectivity" of the researcher but argues, "meanings are the product of dynamic physical exchanges that occur in a reciprocal manner between the researcher and the participant" (Burns, 2006, p6). She advocates re-theorizing the research interview as "an instance of reciprocal embodied exchange in which both the interviewer's and interviewee's bodies and body images are (re)constructed in and through the interactions that take place" (Burns, 2006, p9). The current inquiry does not intend to replicate this methodology but to utilise its assertions regarding the embodied intersubjective nature of the exchange between interviewer and participant in the dialogue of the interview. What can potentially embody this inquiry is the lived dialogue between embodied persons occurring within the interviews where each responds to and communicates with the other as embodied beings, and in this respect the research methodology of face-to-face interviews allows at least a partial embodiment of the inquiry.

3.3 Researching the Horizonal: Method

This chapter will now set out the specific methods to be utilised in adopting a hermeneutic approach to the question of whether the concept of embodiment is of any assistance to counselling psychologists when working with individuals diagnosed with anorexia nervosa. It will briefly define the research terms and explain the method of participant recruitment. Specific data gathering methods are outlined including the formalising of interview questions and techniques. The section concludes by describing the phases to be adopted in the hermeneutic analysis with specific reference to Braun & Clarkes' (2006) method of thematic analysis.

3.3.1 Definitions of research terms. As previously described, embodiment is defined with reference to Merleau-Ponty (1945/1962), as a lived experience; in contrast with some

views of “the body”, embodiment is lived not owned and lived in a particular world, therefore this research takes the view we are embedded embodied beings.

Anorexia Nervosa is defined according to the DSM-IV criteria also outlined earlier.

Counselling psychology is defined as a talking therapy delivered by practitioners with training in one or more therapeutic models. A therapeutic model is a theory that seeks to explain how a person organises and makes sense of their experience and how this may influence ways of functioning in the world and upon which decisions about therapeutic interventions are based. This definition is adopted in part for practical reasons since there are a limited number of counselling psychologists working with individuals diagnosed with anorexia nervosa, while there is a greater number of counselling/therapy practitioners and it means participants can have varying professional identities e.g. counselling psychologists, therapists, nurse therapists etc. This definition also serves the emergent research question about the ways theories and models are used by practitioners to understand clients, therefore participants’ views are relevant to the practice of counselling psychology regardless of whether they are a counselling psychologist.

3.3.2 Participant recruitment. This inquiry has established an interest in the concept of embodiment specifically in relation to practitioners work with individuals with a diagnosis of anorexia nervosa. The researcher used purposive sampling by targetinged practitioners who were trained in at least one model of therapy who had experience of working with individuals with the diagnosis. Participants were recruited from an NHS National Eating Disorders Service; initially a small group of psychologists, counsellors and therapists were sent the research information via email. Those who responded with interest were followed up and interviewed. Since insufficient numbers were obtained a second recruitment email was sent to contacts suggested by those who had already participated, this resulted in 8 participants being interviewed.

Participants were informed they could withdraw at any time whereupon all their information would be removed from the research and destroyed. It was clarified that due to the nature of qualitative analysis there was a point at which it would not be possible to identify which participant's data contributed to certain outcomes e.g. statements interpreting overall themes, therefore beyond a certain stage data in an aggregate form could not be removed but any specific data e.g. direct quotes from their interview transcripts would be. Appendices A and B contain the documents given to participants.

3.3.3 Data gathering. As laid out in the methodology section face to face interviews were identified as providing a more enriched and embodied method of obtaining data. Data was collected via face to face audio recorded interviews lasting about 50 minutes followed by a 15 minute debrief to check the impact of the interview and further explain the research to participants (see Appendix C for debrief handout). The recordings were transcribed and retained to allow access to non-verbal data in the form of speech intonation, speed etc. to inform hermeneutic analysis. British Psychological Society research and ethics guidelines where adhered to throughout the investigation (BPS, 2006; BPS, 2008).

3.3.4 Interview method. The main research question is "In what ways, if any, can the concept of embodiment assist the counselling psychologist in their work with clients diagnosed with anorexia nervosa?"

This was separated into two areas of interest:

1. How do participants describe their experience of working with individuals diagnosed with anorexia nervosa? What do they consider to be helpful and unhelpful?
2. What do participants make of the concept of embodiment as described by Merleau-Ponty (1945/1962), what impact does the concept appear to have on how they speak about their practice with this client group and how do they respond to the question of whether it is of assistance to them?

For the purposes of interviews these were formalised into the following interview questions:

1. In your experience what have you found helpful and unhelpful in working with individuals diagnosed with anorexia nervosa?

2. The particular area of interest for this research is the concept of embodiment, what do you make of the following quote regarding this?

> "The union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree …it is enacted at every instant in the movement of existence." (Merleau-Ponty, 1945/1962, p102).

This quote is read out and given to participants in writing, aiming to facilitate maximum opportunity for reflection. The quote was chosen as a method of describing embodiment without being overly prescriptive and as a way of ensuring the researcher's views were not presented to participants. For example the research view that embodiment brings with it ideas about embeddedness and the influence of context are not stated or implied in the quote.

3. Do you think this concept is of any assistance to you in your practice with individuals diagnosed with anorexia nervosa?

Interviews were semi-structured around these specific questions and aimed for an exploratory dialogue; in line with a hermeneutic approach the researcher followed relevant lines of inquiry emerging during the interviews within the research remit resulting in dialogue being co-created in the relationship between researcher and participant (Finlay, 2009; Loewenthal, 2007). In addition to the formalised questions open prompts were used to elicit further information and description.

Examples:

- Invitations to openly respond e.g. say whatever comes to mind

- Statements eliciting further information e.g. Can you tell me more about that? Can you describe that?

- Statements which reflect back what the participant has said e.g. You have said …

- Clarifying questions e.g. Do you mean ….? It seems like … is this right?

- Statements and questions which relate back to the research area e.g. How does this relate to the question of what you found helpful and unhelpful?

(Kvale & Brinkman, 2009).

In addition to the exploration of experience and understandings, interviews also represent a small scale hermeneutic inquiry where what is initially explored is participants' horizons in relation to their practice with individuals diagnosed with anorexia nervosa. The quote regarding embodiment offers a potentially different perspective, therefore the interviews explore to what extent the concept of embodiment recontextualizes or shifts participants' horizons, as well as addressing the overall research question of whether the concept is of any use in the practice of counselling psychology with individuals diagnosed with anorexia nervosa. The focus on individual experience while opening up awareness of context and perspective, aims to produce a phenomenological hermeneutic interview.

Some exponents of hermeneutic methodology suggest participant and researcher meet multiple times to allow an evolution in understanding and meaning (Fleming et al., 2003). Since hermeneutic inquiry can carry on eternally, it does not however, seem any more valid to extend this artificial endpoint to two or three meetings rather than one. The ending of a hermeneutic inquiry is always premature, occurring prior to completion as meanings continue to evolve as the historical situation in which it occurs and consequent horizons also evolve.

3.3.5 The hermeneutic approach incorporating thematic analysis.

This section outlines how a hermeneutic analysis will be achieved but does not seek to simplify the process by constructing a specific method; rather it provides a transparent framework around which to conduct the analysis. As previously stated it is important to acknowledge the pre-understandings of the historical horizon in which the concepts exist and are being studied to aid understanding (Fleming, Gaidys & Robb, 2003). According to Gadamer (1960) the "first, last and constant task in interpreting is never to allow our fore-having, fore-sight and fore-conception to be presented to us." (p266), to avoid limiting outcomes to the emergence of current socially dominant discourse then reinforced as some sort of truth. To minimize this possibility the researcher has explored a number of existing perspectives taking into account individual, social, cultural and historical influences to place the inquiry as fully as practically possible within its immediate context.

The basis for a hermeneutic analysis is to adopt a "discipline of questioning and inquiring", where awareness of context can allow a fusion of horizons between speaker and listener, producing a new horizon (Gadamer, 1960, p491). The subject/object divide and the boundaries between the pre-understandings of the researcher and the shifting perspectives with which they engage ultimately dissolve (Alvesson & Skoldberg, 2009). As summarized in the hermeneutic cycle, there is a shifting focus, a constant flux in meaning and a re-contextualising process between figure and ground with fragments representing the figure and the whole text the ground (McCloud, 2001). The fragments here consist of what was earlier referred to as "points of stillness" represented by the various chapters of this inquiry, individual interviews and specific segments of them. The researcher's task is to assimilate as many perspectives as reasonably possible during the inquiry and allow their own meanings to emerge. As such, knowledge and insights emerging from intuition are considered appropriate in hermeneutic interpretation based on an empathy with perspectives, where the aim is not to transcend biases but allow them to inform the conditions of understanding (Alvesson & Skoldberg, 2009). This necessitates reflexive interpretation with an immersion in each fragment alongside an overview of the whole in order to retain a sense of perspective, where the process of understanding becomes more

important than the result and is based on intersubjectively uncertain communication between people (Alvesson & Skoldberg, 2009).

The current inquiry will adopt a hermeneutic approach focusing on uncovering something hidden and dissolving the boundaries between subject/object and understanding/explanation, and is influenced by cultural science rather than an objectivist hermeneutics that seeks parity with natural scientific methods (Alvesson & Sköldberg, 2009). Since the inquiry is regarding an aspect of existence it adopts an existential hermeneutic guided by horizonal considerations, a search for understanding, the fusion of horizons via the hermeneutic circle and dialogue with the text where it is both listened to and questioned (Alvesson & Sköldberg, 2009).

Two potential methods of the hermeneutic approach, rooted in the work of Gadamer (1960), were initially explored as possible frameworks for the analysis. The first approach consisted of four stages beginning with a hermeneutic situation (1), where the researcher enters the hermeneutic scene with culturally influenced pre-understandings influencing the emerging questions (2), with an initial determining response occurring spontaneously influenced by pre-understandings (3), and where reflections on pre-understandings allow different meanings to emerge drawn from direct contact with immediate environment (4) (Greenwood & Loewenthal, 2005). The second consisted of five stages; 1) decide upon a question, 2) identification of pre-understandings, 3) gaining understanding through dialogue with participants, 4) gaining understanding through dialogue with text and 5) establishing trustworthiness (Fleming et al., 2003). Although both of these methods, alongside direct readings of Gadamer (1960), have contributed to the adoption of the horizonal approach by this inquiry, these methods did not seem to provide adequate structure around which to base data analysis.

As a result this research is predominantly constructed upon a broad hermeneutic approach and will utilise thematic analysis to identify, analyse and report patterns within the interview data (Braun & Clarke, 2006). Thematic analysis is not tied to a particular theoretical

framework and is therefore suggested to retain freedom and flexibility while providing rich, complex accounts of data (Braun & Clarke, 2006). This flexibility is evident in the range of issues it has been used to analyse e.g. the experience of time (Dapkus, 1985), paedophilia (Durkin & Bryant, 1999), breast cancer in young families (Forrest, Plumb, Ziebland & Stein 2009) and the areas to which it continues to be applied e.g. attitudes to long acting contraception (Rose, Cooper, Baker, & Lawton, 2011), implications of AIDS on women in South Africa (Iwelunmor, & Airhihenbuwa, 2012). In line with the overall hermeneutic approach thematic analysis also acknowledges that data is not encoded in an epistemological vacuum. Braun and Clarke (2006) emphasise the need for research using thematic analysis to make explicit the assumptions and epistemological positions on which it is based and the choices made regarding the way the method is adopted. This inquiry has already set out its philosophical, epistemological and ontological position. With reference to data analysis it adopts a constructionist analysis of latent content within the data. This means this inquiry aims to examine underlying ideas, assumptions and conceptualisations of the data. This inquiry considers the contexts and conditions that have enabled the individual accounts that are provided, rather than providing a semantic analysis of explicit meanings where patterns are described that are then related to previous literature. Congruent with this inquiry's adoption of the notion of the hermeneutic cycle, Braun and Clarke (2006) describe thematic analysis as a constant moving back and forth between all of the collected data, extracts and the analysis.

Braun and Clarke (2006) outline six phases in thematic analysis which are presented here with brief descriptions of the processes involved in each:

1. Familiarity with the data – repeated active reading of transcripts with initial noting and marking of ideas for themes
2. Generating initial codes – identifying interesting features of the data; coding for as many potential themes as possible; retain context and code individual extracts with as many themes as are relevant
3. Searching for themes – sorting codes into broader themes and sub-themes

4. Reviewing themes - reread coded extracts for each theme, considering coherence within themes and distinction between themes; rework themes as necessary; reread full data set identifying additional extracts or themes; the aim is to identify candidate themes that provide an adequate contour map of the data
5. Defining and naming themes – identify the essence of each theme, what is interesting about it, considering the story of each theme, any useful sub-themes which give structure to complex themes and finally naming each theme
6. Producing the report

As Braun and Clarke (2006) highlight, it is possible to continually see new ways of coding or new themes each time the data is approached and limits need to be set on how long this process continues for. As previously stated the broad hermeneutic approach of this inquiry attempts a shifting gaze from various viewpoints trying to ascertain what is illuminated and obscured in each horizon. The difficulty is no horizon remains fixed, theories develop and evolve, and individuals endlessly encounter new environments and information. Eventually, however, the research horizon becomes informed by itself and what occurs is a pause, an inability to identify what was pre-understanding and what is current understanding, where the hermeneutic spiral momentarily ceases to produce noticeable shifts in understanding until further perspectives are encountered. This is only a pause since horizons are in a state of constant emergence and as such the hermeneutic cycle is infinite and no understanding can be considered final and absolute. However time constraints will provide a practical way of forcing a plausible endpoint to the interpretative process (Debesay, Näden, & Slettebø, 2008). What is aimed for in this inquiry is a balance between individual subjective views and wider views incorporating psychological theories and constructionist views and for the tension to be maintained. Therefore, the presentation of analysed data will begin with a focus on themed individualised excerpts before broadening out to a consideration of the themes in relation to theoretical knowledge, where the aim is a shifting focus between these.

CHAPTER FOUR: PARTICIPANTS' HORIZONS: ANALYSIS AND EXPLORATION OF INTERVIEW DATA

This chapter initially aims to facilitate a hermeneutic inquiry by contextualising data via consideration of participants and their contexts. The chapter outlines how the data were analysed with reference to the structures provided by Braun and Clarke's (2006) method of qualitative thematic analysis. It describes how the phases were followed to generate initial codes leading to the identification of themes relevant to the research question. Finally it explores the data itself by presenting illustrative excerpts from interviews grouped into the emergent themes.

A shifting perspective was adopted in line with the overarching hermeneutic approach, approaching transcriptions with different questions e.g. what understandings of anorexia nervosa as a diagnosis are revealed? How is language used? What is expressed about what is useful? With each part of the interviews considered separately before looking at them together. Analysed data is presented in three sections, the first explores participants' understandings of the diagnosis of anorexia nervosa and what they considered helpful and unhelpful in working with individuals with the diagnosis. The chapter then explores responses to the concept of embodiment, related understandings of the diagnosis and finally considers whether participants found the concept useful in relation to working with individuals diagnosed with anorexia nervosa.

4.1 Participants and Their Theoretical Horizons

Although each participant has a unique context and therefore horizon, there was not room in this inquiry to gather adequate information to explore this in detail. What can be explored is that participants worked within the same eating disorders service providing them with a shared context and they were all trained in a model of counselling or therapy influencing their horizonal view. This section reflects on this as far as possible before briefly

introducing the individual participants. The aim is to provide as much contextual information as possible for the reader to appreciate the potential horizons that might be operating for participants before presenting the data.

4.1.1 Theoretical horizons provided by service. The eating disorder service from which participants were recruited is known to utilise motivational working (Connan & Treasure, 2000; Treasure & Ward, 1997a; Treasure et al., 2007) and cognitive analytical therapy (CAT) in its treatment of the diagnosis of anorexia nervosa (Connan & Treasure, 2000; Denman, 1995; Treasure & Ward, 1997b; Treasure et al., 1998). A brief description of these ways of working will now be given.

Motivational working stems from motivational interviewing, originating in the field of addictions (Miller & Rollnick, 1991, 2002), before being utilised in the treatment of eating disorders (Treasure 1997a). The four main principles are: expressing empathy, developing discrepancy between values and current behaviour, sidestepping resistance and supporting self-efficacy by building confidence in the possibility of change (Treasure, 2004). CAT combines cognitive and psychodynamic approaches focussing on interpersonal relationships, particularly between therapist and client, understanding current maladaptive patterns of thinking and behaving in the context of earlier attachment and peer relationships (Treasure et al., 1998). Both approaches utilise Prochaska and DiClemente's (1992) transtheoretical model of behaviour change proposing individuals move through the following stages: pre-contemplation, contemplation, action and maintenance (Treasure et al., 1998; Treasure et al., 2007) where motivational working and CAT are considered to facilitate the individual in moving through these stages.

4.1.2 Individual participants. Participants were not asked about their trainings, professional identities or experience but from the researchers' personal knowledge and what was revealed in interviews the available information is presented in Table 1.

Table 1: Information on Participants

Pseudonym	Professional Identity	Approach	No of Years Experience	Settings
Christine	Nurse Therapist	CAT	20	IP, OP, DC, IR
Mary	Counsellor	Integrative	3	IR
Shona	Therapist	CBT; CAT	18	IP, OP, IR
Ruth	Nurse Therapist	CAT	10 (est)	OP, DC
Sam	Therapist	CBT, CAT	10 (est)	OP, DC
Tanya	Therapist / Supervisor	CAT	20 (est)	IP, OP, DC, IR
Carol	Therapist	CAT	9	OP, DC, IR
Meg	Counselling Psychologist	Integrative	3	IP

Key: IP – Inpatient; OP- Outpatient; DC – Daycare; IR – Intensive Rehabilitation

4.2 Analysis.

In line with Braun and Clarke's (2006) phases of analysis outlined in the method section, the interviews were transcribed by the researcher then read several times to achieve familiarity with the data and note initial thoughts. Initial codes were generated by approaching the transcripts with a number of different questions:

- What understandings of the diagnosis of anorexia nervosa are present?
- What did participants describe as helpful and unhelpful in their work?
- What understandings of embodiment are present?
- What responses to the concept of embodiment are present?
- What did participants say about the usefulness of the concept of embodiment?

By approaching the data from these varying perspectives different aspects became foreground and background, allowing a shifting focus of awareness. In line with recommendations for thematic analysis, this makes transparent the ways in which the researcher approaches the data rather than suggesting that themes emerge exclusively from the data (Braun & Clarke, 2006).

Across all transcripts points of interest that related to the overall research question and the questions outlined above were coded. Codes were then collated into potential themes and associated phrases from each transcript were isolated and extracted producing a summary document of each participant's data including codes of potential themes. A list of all potential themes was produced and reviewed, so for example issues relating to relationships, power dynamics and shared understandings with clients became the grouped theme of Power-Relations. This process included the naming of each theme, which, as part of an ongoing analysis, was then used to re-examine transcripts and all illustrative examples extracted where they occurred for each participant. This produced a lengthy document organised around the named themes incorporating all illustrative excerpts (see Appendix D).

A table was produced detailing how many of these themes were present for each participant and whether each theme was present for half or more of participants (see Appendix E). To aid selection of themes for incorporation into the write up, the following table was produced detailing only those occurring for more than half of participants and outlines the number of participants with each theme to aid transparency of process:

Table 2: Frequency of Emergent Themes

Themes Emerging from Interview Questions		**No. of Participants with Theme**
In your experience what have you found helpful and unhelpful in working with individuals diagnosed with anorexia nervosa?		
General Understandings of the diagnosis of anorexia nervosa:		
1.	Emotional control	5
2.	Unworthy of needs	5
Helpful:		
1.	Models of understanding	7
2.	Power-Relations	8
3.	Understanding weight issues	6

4. Understanding ambivalence and working motivationally	5
Unhelpful:	
1. Don't talk about food and weight	4
2. Avoid control battles, re-feeding and overemphasising weight gain	4
The particular area of interest for this research is the concept of embodiment, what do you make of the following quote regarding this?	
Understandings of the concept of embodiment:	
1. Ontology	7
2. Embeddedness and interconnectedness	6
Understandings of the diagnosis of anorexia nervosa in relation to the concept of embodiment:	
1. Ontological split:: Controlling minds punishing bodies	8
2. Power and agency	6
3. Communication: words aren't enough	4
Understandings of counselling psychology in relation to the concept of Embodiment	5
Do you think this concept is of any assistance to you in your practice with individuals diagnosed with anorexia nervosa?	
1. Responded that something was useful about the concept of embodiment	8

The themes in this table will now be presented.

4.3 Exploration of Participants Descriptions of their Practice with Individuals Diagnosed With Anorexia Nervosa.

4.3.1 General understandings of the diagnosis of anorexia nervosa. This section explores the understandings of a diagnosis of anorexia nervosa revealed by participants

when responding to the initial question regarding their experience of what was helpful and unhelpful. Two main themes emerged: emotional control and unworthy of needs both of which are now explored using quotations from participants.

Emotional control. This related to viewing symptoms as a way of controlling unbearable emotions, with emotions and control mainly spoken about in relation to each other. Ruth perceived a similarity with addictions:

> "anorexia is no different from anything else … …… it's a different way that that particular person has chosen to manage difficult feelings …which then takes the sort of anxiety of the fact that it's an eating disorder as opposed to a drink problem or a drug"

While Mary related food control to a disconnection from feelings:

> "the control then .. sort of .. ends up .. becoming around food … … … it's too unsafe and it goes on for so long …. …… …. They're not even sure of their own feelings anyway …[then] … they disconnect from whatever it was they've experienced and … any suffering that they have felt"

Sam was the only participant who spoke about control separate to control of emotions:

> "with anorexia … … there's always an element of control somewhere so that it's useful to go back and find out where that has come from … … … sometimes if you've got very strong characters as parents they can tend to sort of .. just ride over you basically and you get not listened to and ... … if there is no clear communication assumptions are made that you are falling into their plans .. and sometimes the only way they can resist is to stop eating um .. and then they, they get their power back by feeling in control".

Unworthy of needs. Another understanding of the diagnosis relates to denial or sense of unworthiness in relation to needs like nourishment, care or feelings, for example Christine described individuals as:

"repeating harmful patterns from the past, which with eating disorders is probably 9 times out of 10 about ... denying their own needs in some way, even their need for food".

Sam connected this to feelings of unworthiness:

"feeling so bad about themselves, that they don't feel that they are worthy of being well nourished or looked after in any way"

While Mary and Ruth suggest a lack of worth or entitlement to feelings:

" they don't feel worthy enough to feel what they, they experience, they don't feel that they should talk about "

The understanding seems to be that individuals struggle with recognising, feeling worthy of, expressing or having needs. Christine's statement about repeating patterns suggests this could have emerged from previous experiences where others did not recognise or meet their needs.

4.3.2 Participants' descriptions of what was helpful and unhelpful. This section outlines themes from responses to the question of what was helpful and unhelpful when working with individuals diagnosed with anorexia nervosa. Participants said less about what they found unhelpful, perhaps because this is implicit in describing what is helpful, however both Christine and Sam specifically stated it was much harder to think about what they experienced as unhelpful. Where themes appear linked e.g. understanding weight issues / don't talk about food and weight, they are presented alongside each other.

Models of understanding. All participants, except Mary, named having a therapeutic model to underpin the work as helpful, with varying reasons given for this. For Shona and Ruth models allowed them to consider different aspects, for example practical and emotional issues, cognitive elements and analytic elements, helping the client understand why they

might be thinking the way they do. Sam and Meg found the method and structure provided by models helpful. Sam states:

> "you can get an awful lot of information out in the first two or three sessions that's quite, erm ..methodical …do a geneogram and have a look at .. where they are within the family and that you've got that to refer back to … … … … … I think getting a picture into their life, you know if you are sitting with somebody and all you've got is what's happening now, it's really hard to link it back to anything "

In contrast to using a model of therapy to help the client understand, Tanya named that it provided *her* with understanding then a way of talking:

> "the CAT model at least helps me understand .. the issues of perfectionism and striving and control and gives me a way of talking about that with an individual"

Christine, initially trained as a psychiatric nurse, described what a therapy model provided her:

> "Training in a model and having supervision … that opened up a lot more of … emotional depth … and different goals".

Other descriptions of what was helpful fell into three broad categories: power-relations; understanding weight issues; understanding ambivalence and working motivationally, each of which will now be presented.

Power-Relations. Perhaps it is not surprising that every participant described attention to relationship issues as important in their work, since a therapeutic relationship is identified as a potential common factor provided by all models of therapy (Lambert, 1992; Cooper, 2004, Cooper, 2008). However linked to building a therapeutic relationship, a number of participants specified power dynamics as particularly important with individuals with a diagnosis of anorexia nervosa.

Participants spoke about how they built a relationship, for example Shona spoke of a collaborative process, Mary spoke of building a trusting relationship and suggested it took more work and time to develop a relationship with individuals with the diagnosis of anorexia nervosa. Meg stated it involves:

> "more time on establishing rapport and the relationship that you would in other services perhaps … … because they, yeah we know they are difficult to keep in treatment there are high drop out rates"

Ruth described the work as building *any* relationship since individuals with the diagnosis were very "defended".

Mary, Sam and Tanya named something about shared understandings between client and therapist, relating to ideas about listening, understanding, finding a common language and shared meaning. Sam explains:

> "when you get an understanding yourself of how things came about I think at the same time so does the patient".

While Tanya describes the relationship as developing a language:

> "a common language is literally what a relationship develops, any close relationship develops a common language … … it's a language to talk about the meaning … … the anorexia has for a patient".

Alongside relationship-building were issues regarding power in the relationship. Christine speaks about how she gives power to clients by aiming for a mutual commitment to emotional honesty, empowering individuals to have responsibility and a sense of entitlement regarding issues like identifying who is a safe person, and to have a sense of choice in terms of available therapists and therapies. Shona similarly suggests something of giving power to clients by helping them become their own therapist rather than giving them answers. While Carol speaks more directly of power:

> "being a therapist you are in a position of power .. erm .. you, you are in a position of being a helper, erm yeah, the more knowledgeable and

preferably more together ..erm so I, I should imagine it's quite difficult to take on the role as the patient and be in the position of needing erm to be helped"

Tanya found the most useful understanding for her work was the powerlessness individuals with the diagnosis experience:

> "I wouldn't just say – anorexia can be summed up by treating anorexics' relationships, you know attach to somebody nice and you get all better, it's not that simple, it's very, very complicated .. um .. I think it comes from a profound sense of powerlessness as well … and it gives anorexics power, *very* powerfully, they are very powerful patients but they don't feel powerful"

Understanding weight issues. Weight issues fell broadly into two categories, firstly understanding the impact of different physical weights and secondly ways of working with knowledge about an individual's weight fluctuations and understanding the potential meanings of this.

Christine, Shona, Sam and Carol spoke about understanding the impact of low body weight on issues like cognitions, thought processes, capacity for flexibility and engaging in therapy. With Christine explaining:

> "you've worked with someone at one weight and the issues are very different to when they have put on a couple of kilos and then they are in touch with other parts of their you know history and they do get stuck at different developmental ages and as the layers of weight go back on you d.. that does become evident"

She highlighted the importance of therapists having this awareness in order to be flexible and adaptive in their approach to clients as weight changes. Carol spoke of her changing attitude towards inpatient re-feeding programmes after witnessing people losing significant amounts of weight:

> "I've seen them change … and become more rigid and just a bit … vacant … so I understand the remit on a ward is to … feed people and to get their brains kind of … much more active".

These participants viewed clients' capacities as changing with weight, therefore it influences their choice of interventions and it is this understanding that was named important for working with individuals diagnosed with anorexia nervosa.

Monitoring weight generally was also considered important, because as Christine explains:

> "often when things go wrong its because the therapist hasn't got a clue about or hasn't noticed that … whilst the patient is coming to therapy and being compliant with coming to therapy they're not eating and they are losing weight so there is a big discrepancy between what they are saying, what they are doing … so in eating disorders the model would be to pay attention to both".

Some participants understood weight patterns as indicating something about the therapeutic relationship, where weight represents an external barometer of the therapeutic alliance. What emerged was the idea that weight patterns provided more accurate information than verbal information from clients. Weight fluctuations indicated something about the level of actual engagement with therapy as opposed to compliance. Tanya explains:

> "I've supervised endless cases where anorexics do *terribly* co-operative therapies and talk and talk and talk about every psychological issue under the sun and have lost 4 kilos, which means they are not actually engaged".

Shona suggests compliance is linked to trying to conform to the wishes of other people, which is supported by another participant's case example, where assumptions about

the therapist's role may have impeded openness. The emerging understanding from therapy was the client was a

> "performer … and that's how she had …. Grown up and could see that the pattern had … repeated and it was quite difficult for her to say … I don't want to gain weight, cos that's not what people working with eating disorders help patients do". (Carol)

Weight information was also considered helpful for understanding motivations, for example Sam suggested a client wishing to go to university but not gaining the necessary weight was indicating they did not actually want to go. Weight seems to be understood as a method of communication although this is only stated explicitly by a couple of participants, for example:

> "lots of communication has been done via food or via weight .. urm this girl in particular got down to a BMI of, of 10 after being discharged from here so I imagine the communication was that she was absolutely *furious* with that". (Carol)

In contrast, talking specifically about food and weight with clients was considered unhelpful.

Don't talk about food and weight. It seems to be the way in which these issues are discussed which makes them unhelpful where the understanding is that weight is not the "real" issue, Ruth explained:

> "the minute the thoughts of weight and shape and food and calories and so on .. get into their head, what actually are they really feeling, cos my understanding is that this is all a cover for something much more ..painful, like nobody loves me I am useless … … … that it's completely unhelpful to talk about weight and shape".

While Meg said she tries not to talk about food, Tanya states:

> "the specific thing is not a language about food or anorexia but a language and understanding of how we can speak about what's happening between us"

Understanding ambivalence and working motivationally. Understanding individuals with a diagnosis of anorexia nervosa are more ambivalent than other clients was considered helpful, with Meg going as far as saying:

> "anorexia .. I think is probably the most ambivalent kind of mental health issue that I've come across to work with".

Understanding ambivalence connects with the helpfulness of working motivationally by facilitating the client to recognise a need for change and therefore to *want* to change. As Meg states:

> "working in an inpatient setting with people with anorexia who .. don't necessarily always have the insight to know that there is something wrong or there is an illness .. or don't want to get better, so … … it's been really important to think about it and to learn to work round it and to think about how I work with that in my sessions, which I guess is to be as motivational as I can".

In contrast Tanya expressed concern that motivational work:

> "becomes an inch away from manipulation and therefore I don't think it works"

This theme connects with the helpfulness of avoiding control battles which is now outlined.

Avoid control battles, re-feeding and overemphasising weight gain*. C*ontrol battles were described as common but unhelpful when working with individuals diagnosed with anorexia nervosa. The importance of not getting caught up in conflict or control battles was related to individuals controlling distress through food and therefore becoming angry with people trying to feed them. Tanya said she thought individuals should be helped to want

to feed themselves since they resist others controlling their food or refeeding them or they acquiesce on inpatient wards to get out, she explains:

> "[it] descends into a battle very, very quickly … if that's the only thing that is concentrated on I think it produces huge anxiety in the patient and the therapist and sets up a success/fail and a power battle, so that's unhelpful"

Carol summarizes the issue:

> "I mean lots of people .. erm … have had an eating disorder for years, can't really remember life .. without it .. erm .. so to take someone's identity away form them and leave them with … something unknown .. when they are not ready perhaps to give up the eating disorder .. is just never going to .. you are always going to get into a control battle"

The chapter will now explore themes emerging from the section of the interviews where participants were offered the concept of embodiment.

4.4 Exploration of Participants Responses to the Concept of Embodiment

After the initial section of the interview, participants were informed the research was interested in the usefulness of the concept of embodiment and given the following quote:

> "The union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree …It is enacted at every instant in the movement of existence." (Merleau-Ponty, 1945/1962, p102).

They were asked what they made of it and ultimately whether the concept of embodiment described by it was useful when working with individuals diagnosed with anorexia nervosa. The responses fell into three broad categories: understandings of the concept of embodiment, understandings of the diagnosis of anorexia nervosa in relation to it and understandings of counselling psychology in relation to the concept of embodiment. These are now be explored.

4.4.1 Understandings of the concept of embodiment.

Ontology. The quote seemed to raise ontological understandings regarding the intertwining of experience as opposed to distinct, easily separable categories. For example Christine stated:

> " you can't split people, these things are all interconnected and .. um … as an embodied whole".

Carol spoke of the experience of embodiment occurring outside awareness and refers to experiential knowledge of this:

> "personally I know that, that, that feelings can impact your physical self erm … but I think that people often don't know that until hindsight, I don't think they know it whilst they are going into it or, or through it erm … and it's not, it isn't anything that you can really separate either"

For Mary it brought up issues like exterior/interior, what is "real" and she seemed to struggle to find the words to express what she meant, repeatedly using the phrase "whole person". Shona described embodiment as being ethereal and related it to the sense of self, while Tanya spoke about the struggle to define ontological existence:

> "it is hard to pin down because it is and it always has been, the soul, the psyche has never been pinned down …… it's consciousness isn't it, we can't … we can't … so yes I think the notion of embodiment is excellent".

Meg agreed mind, soul and body were inseparable and that the link was important, reflecting on their fragility.

Embeddedness and interconnectedness. The concept of embodiment also introduced ideas around embeddedness in a world and interconnectedness with others. For example Christine specifically spoke about embeddedness:

> "we interact therefore I become … … … I am embodied in my own body but also in the context and culture … … so we might be embodied beings embedded in a culture but we are all in the world"

Carol suggests we are always in relationship with others; body and mind are similarly always in relationship with one another. Ruth, Shona, and Sam all spoke about aspects of interconnectedness, the influence of context, including other people, and how this can be involved in the definition of self:

> "we are only .. in a way who we are in relationship to somebody else so if you completely isolate yourself – who are you if you are on a dessert island you wouldn't know anything about tall, short, fat, thin, dark" (Ruth).

Shona spoke of the power of parents' language and expectations, the "taking in" of who we are via embodiment Tanya responded with ideas about power and the interconnectedness of existence:

> "I absolutely agree .. it's a different language but I think I'm saying the same thing, the only power that somebody can find is in their body, um … … … what is great about the soul is not just my soul it's my soul in connection with .. everything … … … existence is not isolated embodiment "

4.4.2 Understandings of the diagnosis of anorexia nervosa in relation to the concept of embodiment. Participants' understandings of anorexia nervosa in relation to the concept of embodiment included ontological splits where controlling minds are destroying bodies, a sense that words aren't a sufficiently powerful method of communication where the individual with the diagnosis of anorexia nervosa is attempting to gain a sense of agency, all be it one that imprisons them.

Ontological split: controlling minds punishing bodies. Participants described the notion of an ontological split where minds and bodies are in conflict, with the suggestion minds were attempting control over bodies while punishing or destroying them. Christine stated:

> "eating disorders do try and do that subject and object and split mind and body"

While Sam introduced the idea of a conflict:

> "maybe with anorexia they are somehow in conflict, soul and body

Shona described a personal experience of dancing to illustrate what she thought might be happening for individuals:

> "there was something that merged and it was something I couldn't force, it happened … it was magical for me …[ ] … that's the convergence I think of, you know, maybe body and soul … … … I'm not sure whether people with anorexia .. allow that to actually happen, it gets split off".

This speaks of embodied awareness, the merging of body and soul as something rare but disallowed by those who have a diagnosis of anorexia.

In relation to the understanding of an ontological split, is the idea that it is the mind that is attempting control, for example Shona suggests;

> "it feels as if they want to have control over their mind but actually what they do is put control ov, over their bodies".

The idea of bodies being controlled by minds was expanded by a number of participants who suggest bodies are actually being punished or destroyed. Meg thought individuals with the diagnosis were killing that part of themselves and Carol described the following:

> "people that I have spoken to, are angry with their bodies and feel like … their body lets them down … … but the body always wins as well … … … if you try and just push it too much erm … there's one girl who would talk about running and that she would run regardless of how she felt and she would manage it but the next day she would be absolutely crippled so then felt like her body .. was fighting against her … even though she was her body"

While Ruth spoke about the potential impact of this:

> "they want to live but they are not living life, it's a kind of half life so by destroying their body or … spoiling their body, wounding their body they are not actually able to … use their spirit".

Although Christine suggested it is not just individuals with anorexia nervosa that punish their bodies:

> "they do punish their bodies massively … we all do, not just eating disorders but we all kind of have this view of oh well things aren't going very well in my life, my body is too fat, too thin, too slow, too whatever and so you're sort of dragging it around with you when in actual fact your body is what enables you to be in the world".

Power and agency. In relation to the concept of embodiment, rather than being about control per se, the symptoms described in the diagnosis of anorexia nervosa are conceptualised as the individual trying to gain a sense of agency. After discussing parental impositions Sam explained:

> "if you plant a daisy it will grow into a daisy you can't expect it to grow into an orchid …when you live in a family you are influenced by everybody in that family and if they are completely different in some way to how you are meant to grow or be then you get conflict … … … … … … when you feel that something's not right .. you resist … … … everything gets disjointed and the only thing that feels .. safe .. is to … not eat or stop eating or control that side things"

Carol suggests any individual reacts against being controlled, while Shona indirectly suggests the diagnosis of anorexia nervosa represents a reaction against being determined by parents' wishes:

> "through growing up and developing anorexia sometimes the children become objects for their parents to actually please them erm … become something of what the parent wants as opposed to what the child wants"

Tanya spoke of agency using the analogy of being a captain:

> "If you can't be captain of your own soul … … maybe you become captain of your body … [ ]… I think, with anorexia you are not captain of your own soul … … … … I think embodiment is an imprisonment within the

anorexia so both the body and the soul are imprisoned and not moving anywhere at all, which is why you *need* to engage with it"

***Communication: words aren't enough*.** Expanding something expressed in the first part of the interviews was the sense of anorexia nervosa as a way of *being* communicating something words alone cannot, where the emphasis here is on the effectiveness of this form of communication. For example, Meg states:

" for anorexia that is an incredibly powerful way of communicating to the world, to other people their unhappiness"

Ruth is explicit in suggesting words might not be felt to be sufficient:

"there is usually something that wasn't ok for them, they felt lonely or they felt frightened or they felt hard done by in some way or .. which is why they then begun to *use* anorexia … … … if there is a fear that words aren't going to get what they want then this is a very good way of getting it"

4.4.3 Understandings of counselling psychology in relation to the concept of embodiment. Some participants reflected on the aim of counselling psychology in relation to embodiment and the diagnosis of anorexia nervosa. What emerged were ideas about the usefulness of understanding that a split had occurred and the need to bring parts of the self back into relationship or reconnect with each other. For example, Carol states:

"knowing that people are out of relationship .. with their bodies … … is useful to me … to help them try and bring themselves back into relationship … … that's just an ongoing fight … ... something that you never succeed at … trying to keep them separate".

Tanya spoke again used the analogy of being the captain of a boat suggesting counselling psychology functions to make it more possible for the individual to take up their agency:

"it's *never* up to us how to move people from moment to moment, it's offerings we give always and you know with consistency … … … I've watched people turn again and again around and say I'm now willing to talk

and because there are people around who are willing to listen and then the boat sails, and then it's freed out of the imprisonment, I don't think you can *force* that … … we kind of have to sit back and wait till our patients are ready .. and human nature is with us on the whole because people do want to live and do want to thrive and do want to be captains of their own soul".

4.5 Is the Concept of Embodiment of Use?

All participants expressed finding the ideas suggested by the concept of embodiment useful in thinking about individuals with the diagnosis of anorexia nervosa or aspects of their work. It was however difficult to produce grouped themes since the reasons given varied greatly therefore no meaningful cross-participant themes could be produced. These responses are important in addressing the research question so each participant's view will now be briefly represented.

For Christine it was a reminder of the destructiveness of the illness and the sadness of seeing someone trapped in a mind-body split, trying to manage what they cannot manage in life. For Mary it helped her acknowledge the impact of seeing someone who is very underweight while appreciating the complexity of what might be occurring behind this. Shona was thoughtful about what a healthy body provides that does not exist for those diagnosed with anorexia, how nurturing the body means an individual can feel they can manage without being diminished. Ruth spoke about the isolation of those with the diagnosis, reflecting that we are who we are in relation, where this is lost in anorexia since those who are seriously ill no longer relate to anybody. For Sam it highlighted that a sense of wrongness can be felt and expressed without having been "thought" or analysed.

Tanya's views concern the acknowledgment of power being obtained via the body where the body provides a starting point to working with the embodiment of the soul and stated this is not sufficiently considered. Carol found it useful to know people are out of relationship with their bodies and reconceptualised the work as bringing people back into

relationship. Meg described the usefulness of linking mind and body, recognising the body is being used as a vehicle to express something and described the discussion as helping her get back in touch with how much might be going on underneath for someone with the diagnosis of anorexia nervosa.

While acknowledging the researcher's interaction with the data and their role in organising and analysing it, this chapter aimed to present participants' responses with minimal interpretation. As part of a hermeneutic inquiry this represents another level of considering *parts* in isolation. The following chapter moves to considering these *parts* in relation to the *whole* and will begin to look at wider theoretical contexts from which these views were expressed and consider some of the research questions that have emerged.

CHAPTER FIVE: EMERGING RESEARCH HORIZON

It is not the aim of this chapter to systematically discuss each theme from the data analysis, rather to consider the ways in which the data addresses the research question regarding what ways, if any, the concept of embodiment assists the counselling psychologist in their work with clients diagnosed with anorexia nervosa. Emerging from the inquiry and data analysis is a question about what theory reveals and hides for those that use it in attempting to understand individual experience, consequently this chapter will examine the impact of the concept of embodiment on the understandings and ways of knowing available to participants. The chapter begins by exploring participants' initial understandings with reference to theories outlined in the chapter Horizons of Embodiment. It considers the function of knowledge, in the form of psychological theories, suggesting they provide a structure, a language for understanding, techniques and a way to bear clients' experiences. Subsequently the discussion utilises Gadamer (1960) and Lacan to explore the problems of using language to understand or to represent fixed meanings (Lacan, 1954).

The chapter then compares these initial understandings with those opened up in response to the concept of embodiment, showing that engagement with embodiment reveals different understandings and ways of knowing about clients, linked to issues of *being*, the non-individual and the non-psychological. The use of a different kind of language, namely metaphor, elicited by the concept of embodiment, is considered to suggest a different kind of knowing is in operation. The chapter then explores the varying frameworks for counselling psychology highlighted by the perspectives opened up by engaging with the concept of embodiment. It considers the implications of the ways in which practitioners understand clients and the practice of counselling psychology. Engaging with the concept of embodiment opens up ambiguity and promotes an embodied, ethical egalitarian approach to counselling psychology practice. The discussion therefore will show that embodied views accord with much of the value base that informs the tradition of counselling psychology.

5.1 Exploration of Participants' Initial Perspectives

This section begins by exploring epistemological issues around the use of knowledge, in the form of psychological theories, by counselling psychology practitioners. Participants initially understand clients with the diagnosis of anorexia nervosa as needing to control emotions, feeling unworthy of needs and themes focus on having a model to facilitate understanding, building a relationship and managing power dynamics. The language of participants is observed to be more psychological in section one of the interviews, which seems to reflect the psychological theories on which their understandings are based. This section shows that knowledge in the form of psychological theories is used to provide structure; a way of knowing what to do; a way of understanding and knowing something about clients; to bear clients' experience and it is the provision of language by theories which seems to enable this. The section then considers the function of language in terms of ontology and the problem with relying on the formalised language of theories as a way of understanding, utilising Gadamer (1960) and Lacan (Lacan, 1954).

5.1.1 The function and use of theory. The structure provided by therapeutic models seems important to participants, models are described as facilitating understanding by enabling practitioners to look at discrete elements of clients e.g. the cognitive and the analytical, the present and the past and then the links between them. This notion of the relatedness of separate elements is reminiscent of the earlier discussion around dualist notions of ontology, where mind and body are seen as separate and then to have a relationship to each other. Participants also view models as providing methods to collect information and address different issues, suggesting participants use models as a way of knowing something about their clients and how to help them. It is participants that use the term "models", however therapeutic models emerge from psychological theories such as the psychodynamic or developmental theories outlined earlier. Participants seem to use theories to "understand" clients in particular ways which involves labelling aspects of clients' experience e.g. "cognitive", "emotional issues", showing that, via therapeutic models, psychological theories provide a language to practitioners with which to understand.

It seems the language of understanding utilised by the eating disorders service, namely motivational working, cognitive analytical therapy and the cycle of change is largely the language with which practitioners initially speak about their work. Participants' descriptions fit within the traditional views of the diagnosis of anorexia nervosa outlined in section 2.5, with an emphasis on inner experiencing and the internal dynamics of the mind, where it is the individual mind that is worked with as the seat of potential reason and the route to change. Embodiment is only acknowledged via the body by valuing knowledge about the impact of starvation and its effects on cognitive abilities, emotional processing and developmental stages. Rather than viewing existence as necessarily embodied, when weight is viewed as a communication tool there is an implication this is "unhealthy", reminiscent of developmental theories where the body's functioning as ego organizer is seen as regressive (Krueger, 1990). These are views about *the body*, reflecting the confusion of traditional psychology as a discipline where dualist notions still dominate, so the body is *used* to communicate an internal state rather than the person being recognised as an embodied being. Views about the body being used, align with the psychodynamic and developmental perspectives outlined in chapter two, which also inform notions of pathology where the individual whose experience is diagnosed as anorexia nervosa becomes the "anorexic" who is *not like us*. Possibly as a result of these perspectives, only Mary and Ruth speak about non-psychological ways of working like intuition or sensing. These aspects of the data are lost through the analysis because the researcher choose to count the frequency of the occurrence of themes to identify those themes to be included in the write up, this will be discussed further when reviewing the research.

Participants' emphasis on the particular difficulties building relationships with clients diagnosed with anorexia nervosa, alongside awareness of power dynamics while avoiding control battles, are suggestive of traditional conceptualisations of "anorexics" as attachment avoidant (Treasure et al., 2005), where relationships are dominated by power and control (Schmidt & Treasure, 2006). Reflecting on Tanya's minority voice, describing motivational working as "an inch away from manipulation", the researcher wondered if the relational component becomes almost a technique to be utilised in building the kind of relationship

where motivational work can be done in a collaborative way. Empathy may also become a technique, allowing the practitioner to be the "understanding other", rather than someone trying to take away the way of being diagnosed as anorexia nervosa. Building a therapeutic relationship is considered a common factor across therapies (Cooper, 2008; Lambert, 1992; Shapiro & Shapiro, 1982), but the importance of this in relation to motivational work with individuals with this diagnosis may stem from external pressure on practitioners, where they are given the responsibility of helping the individual *see* the necessity of change and to produce change. Carol's case example implies clients assume professionals working with eating disorders expect them to desire weight gain, and in actuality motivational working is partly utilised to elicit this very desire. Motivational working becomes a way of getting the individual to choose change rather than have it imposed upon them and building a therapeutic relationship becomes a route to the individual tolerating motivational working and its aims. This critical view could be taken of any therapeutic endeavour where an aim is held in mind by the practitioner, a counter position is offered by Rogers (1951) who proposes the therapist should remain with the client's immediate experiencing. This may be particularly difficult when working with individuals whose way of living often results in premature death and where practitioners are in the position of witnessing the literal disappearance of a person. The NHS setting, where the positivistic medical model prevails, frames the work as treatment of a discrete diagnosable condition where cost effective symptom reduction for the population of individuals with the diagnosis is the ultimate outcome.

Similarly the helpfulness of understanding ambivalence seemed to mean a general cognitive understanding of "anorexics" ambivalence about change rather than acknowledging "symptoms" as a way of *being* that makes existence manageable, nor emotionally connecting with why each individual needs this. This is not suggesting individual practitioners do not seek to understand the unique experiences and meanings of each client but they do so within this wider setting whose aim is to provide treatment for the condition of anorexia nervosa. Given this context, perhaps the participants in this inquiry are under particular pressures both intersubjectively as witnesses to clients' "symptoms" and professionally working in a service that primarily expects symptom reduction. The

psychological tone of the first section may stem from these contextual factors resulting in responses based on a "this is what you have to *do*" approach to practice. Thinking in terms of the horizonal what might be hidden from view in these perspectives are issues related to aspects of *being,* the non-individualistic and the non-psychological. This will be explored further when considering what embodied perspectives may open up.

Further examining participants' use of theories, it seems they are used to provide a framework for gathering and organising information in order to make sense of and understand individual experience, where the sharing of this with the individual is deemed useful. By considering participants' initial views the research has raised some important questions regarding the function of theories as ways of knowing. If clients are understood to be using the symptoms of anorexia to control emotions, then theories could function to ensure practitioners control the emotional experience of being with an individual who finds their own experience unbearable. However, in providing an organising principle for understanding, psychological theories could create an intersubjective barrier protecting the practitioner from fully connecting with clients' experience. Theories result in clients' experience being dealt with in segments as provided by requirements to focus on specific aspects e.g. identifying discrepancies in values and behaviour, looking for patterns of thinking or relating, connecting the past with the present. Sam's response that it's really hard if all you've got is the here and now – could be a way of saying it's too hard to deal with the client's current reality without being able to make it bearable by making it understandable in relation to something else like a theory. These are important issues emerging from the research and they need further consideration. Is there something about working with individuals diagnosed with anorexia nervosa that makes this bearing of experience particularly difficult or necessary?

It was implied, at times explicitly, that working with individuals with a diagnosis of anorexia nervosa involved higher levels of anxiety than other diagnoses, which participants linked to the risk that these individuals could die. The anxiety could also relate to counselling psychology practice potentially consisting of exploring emotional experiences with individuals

understood to be controlling their emotions. What comes to mind is the suggestion that nurses performing intimate or painful procedures cope by avoiding embracing their own embodied experience (Wilde, 1999), where the patient is objectified almost as a necessity. Perhaps theories in psychotherapeutic work function to facilitate a similar process by promoting in the practitioner an external objectified view of clients. In this way theories facilitate disembodiment and objectify understandings, thereby making it more possible for practitioners to invite clients to face difficult experiences. The intention is not to demean this potential function of theories but to bring it to awareness. *t* could be suggested that this aspect of the work is what makes it therapeutic. By finding ways to bear with and for clients, the practitioner provides something potentially therapeutic where the individual's unbearable experience is borne by someone who is in their presence, who is *with* them. What might be important to consider from an ethical standpoint is whether this process is achieved in an embodied way since nursing literature suggests embodying it breaks down the subject/object gap and allows a shared vulnerability where shared meaning can emerge (Wilde, 1999). This will be explored more fully later.

Psychological theories are a form of theoretical knowledge about how an individual's difficulties may have arisen and what may be therapeutic for them; in this way they result in models of therapy that guide counselling psychology practice. The discussion has shown that theories provide a language that is then used as a way of gaining a particular kind of understanding, for example psychodynamic theory provides us with the terms "defence" and "transference", the cycle of change provides "pre-contemplation" and "contemplation". There is an assumption within theories that terms have fixed meanings, can be used correctly or incorrectly and that everyone using them is speaking about the same thing. In this way theories both provide particular kinds of understanding and limit understandings by specifically defining the terms they use. However, as shown in chapter two, when exploring the various terms relating to body experience, e.g., body-image, body-ego, body-self, it was not clear that everyone was talking about the same thing when using the same term. This introduces questions about the use of theories to provide language since language can be problematic. The discussion will now consider more fully issues of language.

5.1.2 The function and problem of language. Gadamer (1960) suggests language is the route through which experience finds its expression, makes itself intelligible and is the medium of understanding. For Gadamer (1960) language is not just the medium by which the self is made intelligible to others but also through which the self is made intelligible to itself, it is the horizon of ontology. This suggests the horizons or limitations of language also limit the potential understandings of self that can be experienced. As Bordo (2003) suggests, subjects "speak themselves into being" (p53), therefore beings are defined by the words available for them to speak with. The function of theories then becomes the provision of a language for practitioners to understand clients and by doing so gives clients a language with which to understand themselves. In this way, language is argued to influence epistemological and ontological issues; by defining the possibilities of theoretical knowledge and ontological knowledge it has consequences for the available kinds of knowledge practitioners can have of their clients and therefore clients can have of themselves.

Lacan has a view of language where it provides fixed points of meaning in the chaos of experience for the individual, via the signification process, where this is a necessary but constructed illusion since meanings are actually unstable (Lacan, 1954). Perhaps the provision of knowledge by theory, in the form of fixed points of meaning via the signification process of language, makes it possible for practitioners to engage in the daunting task of repeatedly entering the world of the other. Theories then function to enable practitioners to retain a familiar language system rather than facing a new world with a new language with each client, which makes sense when appreciating how many different clients an individual practitioner may have to work with, particularly in an NHS setting with its pressure for cost effectiveness. There is a question of whether we can ever fully understand another, but in retaining this familiarity of language surely something more is lost. Despite the acknowledged usefulness of theories in providing a kind of understanding, in framing client experience in the language of the practitioner they potentially widen the gap of understanding already existing between them. Tanya acknowledged the importance of language by describing models as providing a language with which to speak to the client about the problem of their anorexia nervosa and that a common language is "literally what a

relationship develops". However, even here it is the model providing the basis for the development of a common language when the development of a new, shared language could open up new horizons for both the client and the practitioner and facilitate deeper understanding.

These issues bring to mind the notion of common factors, suggesting the techniques of individual models account for only 10% of differences in outcomes (Shapiro & Shapiro, 1982) and are less important than factors like having a therapeutic relationship, a plausible explanation for symptoms and their resolution (Cooper, 2008), having a corrective emotional experience, a reduction in isolation, a working through, an exploration of an internal frame of reference and assimilation of problematic experiences (Lambert, 1992). In this view it is not the theory that is beneficial but its provision of a plausible explanation, an alternative internal frame of reference, perhaps through the provision of a different language with which to understand the self, that produces desired outcomes. From a common factors perspective developing a therapeutic relationship is not a route to facilitating motivational work or producing change in a client nor is it a way to side step resistance, it is being in the presence of an interested *other* that benefits by reducing isolation.

Returning to Lacan and language, signification in language bonds a word (signifier) to a concept (signified) resulting in a sign that is the collision between the two where, for Lacan, meaning is fixed and arbitrary, rigid and mobile (Lacan, 1954). Lacan highlights the slipperiness of meaning, where meanings are not necessarily shared or static, the same word can have different meanings for different individuals and at different times, so language both fixes meaning and provides a fecundity of possibility (Lacan, 1954). Lacan suggests a search for meaning involves a journey in language through chains of signification each of which dissolves upon examination into a further chain of signifiers representing further meanings (Lacan, 1954). As such it is problematic to assume a shared understanding by the use of a shared language. By providing a specific language, psychological theories imply a stable, preset way of understanding the world and in utilising this language practitioners assume these pre-understandings can be shared and everyone uses the same term to

speak about the same thing. Lacan shows this is problematic; for Lacan, a theory is a form of discourse that is perpetually in process in time (Lacan, 1954). The issue of language pre-determining meaning or understanding also links back to Gadamer's (1960) notion of pre-understandings where these are understandings already in place that have an impact on the kinds of understandings of a phenomenon that can be achieved. Lacan and Gadamer (1960) show that utilising a fixed language, in the form of a psychological theory, as a way of gaining understanding raises issues regarding the slipperiness of meaning as well as the limitations and freedoms language places on possible understandings.

The chapter has considered how the structure and understanding provided by psychological theories both facilitate and hinder counselling psychology practice by helping the practitioner to bear clients experiences but also creating an intersubjective barrier by objectifying clients. It has explored the ways in which participants' initial responses raised issues regarding the use of theories as ways knowing and understanding and the ways in which psychological theories, through the provision of language may actually limit understanding. The chapter now needs to examine the kinds of understandings and ways of knowing suggested in participants' responses to the concept of embodiment in a similar way.

5.2 Exploration of Participants' Responses to the Concept of Embodiment

This section explores the ways in which participants understand the concept of embodiment and, with reference to the understandings already explored, considers the different ways in which participants understand their clients as a result of engaging with the concept. What emerged for participants were ideas about the nature of *being* as undivided and less available to be known, where ontology is interconnected and embedded rather than isolated and individual. This led to understandings of clients as managing the difficulties of being-in-the-world by making an enduring effort to split ontological experience to gain a sense of agency, and the aims of counselling psychology become holding an awareness of the split and empowering clients to take up their agency. As previously suggested perspectives both reveal and hide aspects of a phenomenon and the exploration will show

that what was hidden from view in participants' initial responses were issues related to aspects of *being*, the non-psychological and the non-individualistic. The discussion will then consider the richness of meaning offered by the increased use of metaphorical language by participants, the researcher's experience of engagement with the dialogue and explore whether this indicates that a different kind of knowing was in operation.

5.2.1 What does an embodied view reveal? Except for Tanya and Carol, notions of *being* seemed absent in initial perspectives but with the introduction of the concept of embodiment came ontological understandings of the non-dualist nature of existence. Participants spoke about the complexity of individuals' responses to the world, where it is not the mind alone that responds, where something was expressed about awareness in phrases like: *without being noticed, hard to pin down, ethereal* and *fragile,* to describe understandings of the nature of embodied being. This suggests rather than being separate or disconnected, embodied aspects of existence are less known, less available for "mental" reflection, this might be why they are largely absent in traditional psychological explanations and were absent in participants' spontaneous responses.

The concept of embodiment elicited social constructionist notions where the realm of culture and society provide the language with which subjectivity is created (Bordo, 2003). It is in relation to the quote that Ruth acknowledges an individual living alone on an island would have no conceptualisation of socially constituted judgements like" tall, short, fat, thin, dark"; after all we are not born with a language, we are born with an innate capacity to absorb the language offered us. Ideas emerged about individuals *becoming* in relation to others and a world rather than in isolation, supporting Blood's (2005) notion that person, body and world are not fixed entities but are fluid and in relation to each other. . By engaging with embodied notions, clients become understood in relation to others and a world; so a way of knowing about them would be to explore their individual contexts rather than psychological theories. The concept of embodiment seemed to bring to mind these notions in a way not spontaneously offered by participants when simply asked to speak about their practice. This supports the suggestion that psychology minimizes the

acknowledgement of context because it challenges the prized assumption of the focus on the individual (Raskin, 2002). After all the majority of practitioners work with individuals and have little power over the realm of society and culture, instead their seat of power lies within the room in which individual psychological practice takes place.

Emerging in this inquiry is a consideration of what the concept of embodiment reveals in relation to the ways in which participants understand clients with a diagnosis of anorexia nervosa, so the discussion will now explore the conceptualisations that emerged in relation to it. Having largely agreed with the quote's sentiment of the unity of body and soul, participants subsequently spoke of clients splitting aspects of being into two discrete elements that were then in conflict. Contrasting with notions of deficient capabilities, Shona's dance metaphor demonstrates the understanding that intersubjective embodied experience is not *allowed,* in using the word "try" Carol understands her clients to be making an effort to split existence into subject and object. The understanding of clients becomes that they are making an enduring attempt to keep apart inseparable aspects of experience, a view supporting non-dualist notions where the mind/body split is viewed as a construction rather than an ontological given.

In comparison to understanding the symptoms of anorexia nervosa as functioning to control emotions, with the conceptualisation of an ontological split the understanding shifts to clients experiencing a controlling mind attempting to destroy the body. This again brings to mind social constructionist notions where cultural dominance of duality includes the denigration of bodily aspects, constructing bodies as irrational epistemological deceivers (Bordo, 2003) and betrayer of the mind (Benner, 2000). Acknowledging cultural embeddedness conceives of bodies being punished because they are perceived to be the seat of emotionality in a culture where emotionality and bodies are mutually denigrated. This is suggested in Carol's description of clients' anger toward their bodies, a sense of being let down by them and experiencing them as fighting back or winning. In doing so, she seems to understand an inherent paradox for clients where the embodied nature of existence asserts itself against attempts to deny it.

The understandings of why clients may wish to split off and attack parts of the self include themes of power and agency. Clients are no longer understood to be regressively using their bodies for expression or returning to earlier developmental stages. Instead, the embodiment of clients' struggles relate to words not being sufficiently powerful so they discover the most powerful communication tool available, which does not necessarily mean consciously using the body as a communication tool, although that may occur. To attempt a more embodied language, utilising Merleau-Ponty (1945/1962), it could be said that the ambiguities of being-in-the-world for clients are translated by the being-in-the-world of their bodies. "Anorexia nervosa" is not a problem with embodiment; it is the embodiment of a problem. In contrast to individualistic notions of pathology these understandings frame clients' symptoms not as problems or deficiencies but as unique solutions to the impossibility of being-in-the-world for these individuals. In embodied understandings, by introducing *being* and *the world*, "anorexia nervosa" is no longer a manifestation of pathological internal processes, regressive functioning, limited cognitive capacities or faulty reasoning but the result of an individual attempting to *become* in a world that prescribes its possibilities. To borrow from participants' analogies, "anorexia nervosa" is a solution to being expected to become an orchid when you are a daisy, it is the attempt to take up captaincy rather than be propelled by external forces and becomes a way of experiencing a sense of agency over one's existence when others are attempting to define it for you. Embodied views embrace embeddedness in its widest sense, framing the diagnosis as a resolution to the conflicts and dilemmas of being-in-a-world therefore to know about clients involves knowing something about the nature of becoming and about the world. In this way the available ways of understanding clients becomes more ambiguous and less blaming of the individual who is no longer necessarily identified as "faulty" by the process of understanding. It has been suggested embodied views embrace greater ambiguity (Benner, 2000) and it is suggested participants' responses to the concept of embodiment contain more ambiguous and less certain understandings of their clients than their initial perspectives.

As a consequence of these understandings, the aim of counselling psychology was understood in different ways, where it became about understanding that a spilt had occurred

and assisting clients to take up their agency. This is a very different way of speaking and understanding compared with ideas about the importance of monitoring weight and working motivationally. In comparison to initial understandings of clients with the diagnosis, where ambivalence, motivation and control dominated, the concept of embodiment prompted the use of a language which spoke of controlling minds punishing and destroying bodies in an attempt to gain or retain a sense of agency, of dancing, captaincy and the attempt to be a daisy. The discussion will now consider further this use of a different kind of language.

5.2.2 The use of metaphorical language. A different language seemed to prevail following the embodiment quote, in particular wider use of metaphor, which is suggested as offering a richness of meaning and to indicate that different ways of knowing may be operating in this part of the interviews.

Shona's metaphor of the spontaneous experience of dancing is used to describe intersubjective embodied experience, expressing the understanding that these experiences seem closed to clients with a diagnosis of anorexia nervosa. Sam's daisy/orchid metaphor expresses something of the nature of *being* and perhaps specifically *authentic being;* suggesting individuals might have an underlying *knowing* of what/who they are, this results in the understanding of clients' symptoms as a resistance to *knowing* you are a daisy when expected to grow into an orchid. This knowing is not described as rational or cognitive, instead as a *feeling* that aspects of being are in conflict, a *sense* of something not being right where clients are understood to know something about themselves; so clients' feelings or sense of themselves could be used to understand or know something about them rather than theories. These metaphors suggest something non-psychological in the sense they do not describe thoughts or psychological entities; they describe something that does not have words, suggestive of Merleau-Ponty's (1945/1962) notion that the intuitive is inarticulate. The descriptions are also reminiscent of Gendlin's (1978) "felt sense", or Rogers' organismic experiencing (Fernald, 2000) in describing a wordless knowing. The researcher suggests embodied perspectives invite the use of metaphor to provide richness in meaning derived

from the language of imagery and the poetic and that this is necessary when attempting to speak from or about a wordless or non-psychological knowing.

Metaphor is the language of poetry; of experience that does not easily form itself into words and is therefore perhaps the language of embodiment that also does not easily find words, yet these metaphors seem particularly rich in meaning by opening up more ideas about participants' understandings their clients. For participants the concept of embodiment seemed to elicit the use of metaphor and imagery, new avenues for thinking about the experience of clients that are not bound by the language of particular theoretical models, or indeed by language itself. Metaphor and imagery communicate more than the words that describe them, unlike the language of psychological theories; the language of metaphor does not predetermine meanings. Tanya's metaphor exploring anorexia nervosa through the idea that those diagnosed do not feel captains of their own souls, where both body and soul are imprisoned within anorexia nervosa, was a powerful one. By sharing an image of someone with anorexia as captain of a ship on a very narrow river rather than an ocean, Tanya allowed the researcher to explore this notion independently of the meanings she invested upon it, in a way that language perhaps does not permit. This use of a different kind of language, namely metaphor, could indicate that different processes were operating for participants in this section of the interview. If the kind of knowing in operation during practice is based on a psychological theory, then what operates while speaking about the experience of that practice is recall and understanding of that theory. So metaphor could indicate a knowing based on imagination, on imagery; a kind of knowing operating initially outside of language but translated into language in the immediacy of the interview.

As mentioned in the methodology section the saying and the said need to be considered alongside each other, in other words the way participants spoke is as important as the words they spoke. Participants' communication seemed more spontaneous in the second section, more expressive, less considered and based on their own experiencing rather than knowledge of theories, possibly resulting in a more embodied dialogue. The remit of interviews was to explore the usefulness of the concept of embodiment; therefore

the researcher was equally interested in participants' initial views and understandings. Yet the researcher felt more alert and involved after the quote describing embodiment was shared, there was a sense of being "off the map" and an exciting unpredictability about where participants would go with the concept. As previously acknowledged, it is possible the quote invited the use of a different language, by the use of the word "soul" perhaps participants felt freer to express themselves in less psychological or theoretical language. Rather than being a criticism of the interview method, it is suggested the concept of embodiment necessarily invites the use of a different language, one more rich in metaphor, imagery and the poetic. The spontaneity of expression resulting from an embodied view, where embodied understandings embrace ambiguity and attempt to speak about that which may not have words, invites the poetic. It is the difference between speaking from an understanding of a theory and speaking from immediate experience. The researcher's experience of practitioners' speaking in the second part of the interviews was of greater spontaneity as well as greater hesitation and struggle, as if there was an insufficiency of words, as if something was being processed or understood in the immediate moment rather than recalled from the past or measured against theoretical understandings before being articulated. Tanya described the concept as helping to bring the discourse between participant and researcher alive, which may have emerged from an embodiment of the dialogue, as if a different kind of knowing and of expression was in operation.

The richness, spontaneity, metaphorical and poetic elicited in response to the concept of embodiment adds to the notion that something is missing or lost in relating to an individual through the use of a psychological theory. The comparisons between the interview sections highlighted issues relating to the use of theory and language, the different ways of knowing something about clients and raises a question regarding how embodied psychological practice is and whether this impacts on the ethics of its practice. These issues concern the overall research question of whether the concept of embodiment assists counselling psychologists working with individuals diagnosed with anorexia nervosa that is the focus of the final section of this chapter.

5.3 Can the Concept of Embodiment Assist the Counselling Psychologist in their Work with Individuals Diagnosed with Anorexia Nervosa?

As outlined in the participants' horizons chapter, participants themselves considered the concept of embodiment to be useful; with the majority expressing they found the interviews interesting and would continue to think about the issues raised afterwards. Aside from direct descriptions of the usefulness of the concept, embodiment seems to invoke conceptualisations of clients reminiscent of social constructionist theories. In contrast to traditional psychological theories, the concept of embodiment elicits different epistemological and ontological views, where there is a dualism splitting minds from bodies, where bodies are denigrated while minds are privileged and that this is how culture creates *us* not just those with the diagnosis. Merleau-Ponty's (1945/1962) view of embodiment is also a theory but it is of a different kind to psychological theories; his views stem from phenomenology which asks us to question the way we view the world. His view of embodiment demands that we deconstruct and challenge the notion of separate mind and body. In this way, the concept of embodiment seems to invite perspectives incorporating wider horizonal views where clients' difficulties become framed as a resolution to the impossibility of *being-what-one-is-in-this-world*. This section explores the varying frameworks for counselling psychology practice highlighted by the perspectives opened up by the concept of embodiment.

Embodied views bring to mind Rogerian conceptualisations that we are all unnaturally dichotomised persons trying to integrate mind and body, feelings and intellect (Kirschenbaum & Henderson, 1989, Rogers, 1951, 1961), whereas participants understood their clients as striving to maintain a dichotomy. In relation to the concept of embodiment, participants' understandings are suggestive of Winnicottian (1960b) ideas regarding psychosomatic partnership where embodied knowledge informs a sense of what is real and provides the capacity to enjoy *being*. This links to Gendlin's (1978) ideas about felt sense, incorporating thinking and bodily knowing to produce something more complex and powerful than either, where embodied knowing guides the language of expression. In contrast to ideas about the superiority of rational knowing, these views acknowledge the wisdom,

understanding and knowledge of the body and the non-psychological. This introduces embodiment as a potential route to authenticity, not in the sense of an enduring stable sense of self that actualises, but in the sense that at each present moment the individual has the information within themselves to know something about whether they are being authentic to their immediate experience, an embodied sense of "rightness".

The emergent themes of power and agency then relate to attempts at authentic ways of being, where they are adaptive rather than maladaptive processes. In embodied perspectives, rather than the relationships of those with the diagnosis being dominated by issues of power and control, it is experience that leads clients to reassert agency over their b*eing* in a particular world. This view recognises issues of powerlessness faced by both client and practitioner in the construction of individual experience via the world. This promotes more egalitarian practice where both acknowledge the more challenging understanding that clients' "anorexia" occurs at the interface between the individual and the cultures that have constructed them. Consequently, it is less blaming than traditional individualistic notions of internalised pathology and therefore reduces the responsibility placed upon both parties in the therapeutic dyad. This may conflict with the medical model view, where it is the responsibility of the practitioner to apply an evidence-based treatment, and of the patient to make use of this treatment. Embodied views, however, do not expect the correct application of a theory to alleviate the suffering of clients with the diagnosis of anorexia nervosa because they do not view the problem as lying exclusively within that individual. Embodied views embrace greater complexity, greater ambiguity and reduce the objectification of the client by acknowledging the intertwining of subject/object via embedded embodiment that requires an engagement with the shared experience of attempting to *be* in the world. This supports notions of intersubjectivity where both client and practitioner are subject/object rather than the client being subject to the practitioner's objectivity.

By revealing the embedded nature of experience, embodied views also reveal the embeddedness of counselling psychology practice within psychological theories. In the same way Merleau-Ponty (1945/1962) suggests mind/body is a constructed metaphor, the

perspective of this inquiry acknowledges psychological theories are constructed metaphors. The avoidant attachment patterns of clients with the diagnosis of anorexia nervosa then become recognised as constructions rather than the uncovering of an underlying "reality" that requires treatment. In contrast to traditional psychological theories, an embodied view does not invest the theory with the power, rather the unique dyad of the individual practitioner and client similar to intersubjective views (Lyons-Ruth, 1999). Embodied views are not just an alternative theory, in bringing in the world and with it an understanding of the individual as more than a set of internal processes they acknowledge a depth of embeddedness and of therapeutic process missing in traditional psychological theory. Embodied views empower practitioners in different ways to psychological theories, in accordance with the intersubjective frameworks for counselling psychology (Beebe & Lachman, 2003; Lyons-Ruth 1999; Schore, 2003; Stern, et al 1998).

With an embodied view both practitioner and client exist within worlds influencing their construction, over which they have minimal control and perhaps limited awareness. Although they provide for each other a unique context that is potentially the source of a different kind of therapeutic power. Although it may be the explicit aim, it is not psychological understanding that is being negotiated in counselling psychology sessions but intersubjectivity, people's experience of themselves in relation to the other; theories simply mediate this process. So the therapeutic is not the provision of a particular understanding mediated by a theory, it is the embracing of a shared vulnerability, potentially allowing both to reconstruct themselves in relation to one another, a process which may not necessarily occur within the verbal or psychological realm (Lyons-Ruth, 1999; Stern et al., 1998). What is of importance is the way the individuals involved relate to each other through the medium of a psychological theory and it is the practitioner's responsibility to retain awareness of this. If they rely too heavily on theories they are not open to their client's world and are disembodying their practice. By highlighting non-psychological aspects of being and intersubjectivity, this inquiry supports theories that recognise embodied aspects in the practice of counselling psychology (e.g. Liejssen, 2006; Lyons-Ruth, 1999; Schore, 2003; Stern et al., 1998), which require more than the application of a theory. One aspect of the

intersubjective nature of the discipline of counselling psychology is the recognition that all approaches and interventions impose something on the client and what is important is reflexive practice; practitioner's examination of the self and awareness of this influence in order to facilitate informed choice on the nature of that influence (McAteer, 2010). By opposing dichotomies, and re-embedding embodiment and lived experience within their complex shifting contexts and re-uniting individuals with their worlds, the practitioner has to be critically aware of their own experiences in their attempts to reflect on another's reality and acknowledge the wider parameters of the therapeutic work, e.g., socio-political factors (Manafi, 2010).

From the nursing literature, explored in the Horizons of Embodiment chapter, embodied practice is suggested as more ethical because it breaks down the subject/object gap and facilitates shared meanings from the vulnerability both face in this dynamic (Wilde, 1999). Since one of the emerging understandings of clients with the diagnosis is that they are perpetually pursuing an ontological split, it may be particularly important to engage with embodied dialogues in the pursuit of the most ethical practice with these clients. Engagement not just with embodied dialogues but also with the nature of embodiment as a lived experience for both practitioner and client, the discussion has shown that intersubjectivity is embodied therefore practice itself needs to be embodied in order to be of maximum use to clients. This requires the embodied engagement of the practitioner, not the application of theories but the use of the entire self in order to attend to the ambiguities present in what may be known but not yet intellectually understood (Ray, 2006), attention to the wisdom of the sensing body (Benner, 2000) and to the suffering of being human (Ray, 2006).

Anorexia nervosa as a diagnosis, and as a description of a way of being, is complex and little understood despite the history of research attempting to identify causes, meanings and effective treatments (see section 2.5). Even NICE guidelines, based on "evidence" are vague with no standard treatment suggested as consistently effective (NICE, 2004). Botha (2009) proposes that treatment based on a perspective from within social constructionist

domains allows alternative understandings of anorexia nervosa, where it is located in the interrelationship between social and cultural practices and subjectivity. By viewing clients with the diagnosis of anorexia nervosa from an embodied perspective, counselling psychology is no longer about the provision of treatment, nor about developing the desire for change; it becomes the provision and exploration of different possibilities of being, of being-with-another and of being-in-the-world. It reveals that clients' ways of being emerge from a context and is recognised as a resolution to the impossibility of being in *their* world. In this way an embodied view assists by offering different ways of understanding clients and encourages a more respectful meeting between the two parties where power is equalised. It guards against the imposition of one's view upon another; of the practitioner imposing their world (theory/language) upon the client who has a diagnosis of anorexia nervosa but acknowledges what can occur when two worlds meet. In the researcher's opinion, embodied perspectives uphold a more humanistic view, not in the narrow sense of humanistic models of therapy but in the wider sense of valuing humanity in all its forms and approaching it with compassion and understanding rather than the criteria and treatments of a diagnosis. By highlighting that beings become in relation to a world, by raising awareness of the embodied nature of counselling psychology practice, supporting ethical egalitarian approaches and upholding a humanistic value base, embodied views accord with much of the key principles informing the practice of counselling psychology.

CHAPTER SIX: RE-VIEWING THE HORIZONS

This chapter will explore the varying influences active in the inquiry, specifically the data-gathering phase, to examine the horizons from which the findings of the inquiry emerged. These include my personal journey and concerns, the embodied intersubjective encounter and the setting of the interviews. From this some implications and recommendations for counselling psychology research are briefly considered. Both the chapter and the inquiry will end with a consideration of the implications of the findings for the praxis of counselling psychology.

6.1 Hermeneutic Consideration of the Horizons Influencing the Findings

Having explored the emerging research horizon as a whole the hermeneutic exploration continues by reconsidering the parts from which this perspective emerged, that is, the dialogue between the participants and me as researcher. In order to do this, the varying influences or horizons impacting on the dialogue need to be examined; as stated, these include my personal journey and concerns, the embodied intersubjective encounter and the setting of the interviews.

6.1.1 My Journey. My personal research journey started long before the inquiry. Having reflected on my decision to enter the field of eating disorders treatment, it seems this was guided by a struggle within me to accept the fact of my own embodiment. I now consider that I related to myself as a mind and a body, living a belief in the dichotomy and struggling with the reality that this was not the experience of my being. I expected to have control over my body when in fact it had a will of its own, that I dismissed. Although just beyond my awareness at the time, this ontological struggle contributed to my interest in eating disorders where I perceived a struggle relating to the physical aspects of self. Working with clients with diagnoses of varying eating disorders, I realised I could relate to many of their expressed struggles to accept the actuality of the physical body. I related to the sense of

living inside something over which you feel you have little control and yet determines so much about you.

I was already drawn to particular aspects of the work and of clients' struggles and, therefore, attended to themes to do with embodiment before I understood embodiment as a concept. When the opportunity to conduct research arrived, this interest soon emerged as the focus of the inquiry. I viewed the issues as related to a struggle with "the body", which reflected my dualist philosophy at the time. As described previously, I started with a positivistic outlook and began to design a quantitative inquiry. My research supervisor offered me the concept of embodiment as a description of what I was researching. As a result, I looked into the concept of embodiment further and realised this notion "fitted" with and opened up my previous observations. Embodiment gave a different perspective, allowed me to think about an existential struggle that everyone might face rather than just this group of diagnosed clients. This represents a point at which the research took a leap forward.

There followed a slow process of appreciating that embodiment gives us our place in the world, where it is not me interacting with the world but me as part of the world. I immersed myself in writings that challenged my initial philosophical and epistemological position. It was a gradual transition for me to feel I really had any kind of understanding of the notion of embodiment but I sensed a new world was opening up as I did so. In reflecting on this, I wonder if what was happening was not just a shift in philosophical or epistemological perspective but a shift in ontology. The way I interpreted my lived experience changed, I gradually let go of the perception of my body as an inconvenient possession that would not be tamed. I began to value the wisdom and knowledge offered to me via my body, to appreciate the equal value of this compared with my rational thinking mind. In summary, I began to appreciate my embodiment for the first time.

The shift to qualitative methodology occurred in parallel, following a period of questioning my attachment to positivistic notions of knowable truths and quantitative

research. Letting go of that epistemology proved to be a useful struggle as many of the problematics of identifying measuring tools and concepts became replaced with a questioning of that kind of knowing. I realised quantitative methods could not address the kinds of questions emerging regarding my own experience, embodiment generally and how it related to my observations of clients. Questions such as how anyone manages the reality of his/her embodiment, what level of awareness is there regarding embodiment as a concept or are most, like I was, caught up in the dualist view. I journeyed from a belief in the mind-body dichotomy and the superiority of the mind, to a more egalitarian position where my embodiment permits me to respond as a whole being to whole beings. This is reflected in my move from initial scepticism to valuing the alternative ways of knowing that qualitative methods allow to flourish. So my interest shifted to considering what the embodied perspective had offered me and to wonder whether these views were already widely acknowledged and, if not, whether they could be as useful for others. This personal journey has influenced the ways in which I approached interviews and responded to participants which is now considered more closely.

6.1.2 The Nature of the Question. The opening question could have invited an intellectual response and explain the finding that the first interview section had a more psychological tone. Framing the question around what was helpful and unhelpful potentially led to reflections about what helped people, and the kind of theories, models and techniques that aided their practice. So the nature of the question impacted on the kinds of reflections offered by participants and a different kind of question would have produced different findings. In future research of this nature, I would ask a different kind of question, such as asking about participants' experience of being-with clients. This may invite reflections regarding the intersubjective encounter and experiential aspects of practice. It is, however, interesting to consider the intellectual framing of the question and the ways in which it sets up the first part of interviews as a consideration of theory and technique and the kinds of understandings these permit. This allowed a comparison, not just of participants' spontaneous responses, but also between intellectual knowledge and embodied knowledge. The two questions represented two different positions from which to consider practice, so the

influence of the different kinds of questions was useful in highlighting these different ways of knowing. This highlights one aspect of Gadamerian (1960) hermeneutics where the nature of the question is understood to define the nature of the answer. In research this means that caution has to be applied; interview data does not always tell us something about participants' perspectives or about the area being investigated, but might say more about the nature of the question that has been asked. This also has implications for practice, since similarly what clients say to us might say more about the kind of questions we ask them rather than about clients' experience.

6.1.3 The Intersubjective Encounter. In interviews, I began with what I hoped was a fairly open question allowing participants to present their own perspectives. Then I wanted to see what they would make of the concept of embodiment. With hindsight, I also wanted to offer participants an opportunity to experience a similar journey of discovery as my own. In a hermeneutic inquiry my embodied desire does not need to be bracketed off as it informs and directs the concerns of the inquiry but it needs to be uncovered and acknowledged. I would have found it challenging to listen to participants being dismissive of the concept of embodiment. There was a tension within myself between being open to participants' views, while hoping they would find the concept useful. My investment in embodiment as a useful concept would have impacted on the ways in which I attended to and followed up specific aspects of participants' dialogue. Not just in terms of the questions I asked but also via my embodied responding that would have registered with participants on some level, affecting the intersubjective space between us. The finding that it is important for practitioners to appreciate embodiment, in relation to understanding clients and to inform intersubjective practice, parallels my own journey and has emerged from my bringing this personal horizon to the intersubjective encounter. In this way, my concerns as a researcher shaped the inquiry and influenced the findings.

I initially anticipated participants would speak about their experiences of being in the room with clients, the kind of relationships and ways of being they had discovered to be useful and the kinds of struggles they experienced. In considering my embodied experience

there was a level of disappointment in me each time participants responded by describing the model of therapy they used. This developed over a number of interviews a curiosity about why the majority of participants responded in that way.

The offering of the embodiment quote marked an intersubjective shift in each interview. The quote was deliberately vague and brief in order to retain openness, rather than offering a simplistic definition or lengthy description that may close down potential personal interpretations of the notion of embodiment. Each time I introduced the quote, I acknowledged its difficulty and my struggle, explaining it was not a test of understanding but that different people took different things from it and my interest was in what *they* made of it. Ethically this reduced the possibility of participants feeling shamed by any struggle they may experience with the quote or the concept of embodiment. This moment embodied an intersubjective shift from researcher-participant to two people sharing an experience with a difficult concept and having a dialogue about it. Having chosen not to reveal embodiment as the area of concern at the start, I then had to withhold my personal experience and journey from the explicit intersubjective encounter in order to maximise the possibility of participants' views fully showing themselves. The quote represented for me the point at which I could bring my experience into the space between-us and be more fully myself. This seemed to bring the interviews to life as I became more embodied and the encounters became more personal and intimate and participants also seemed to bring something more of their *being* to the dialogue.

In this sense I shared a journey with each participant beginning with a relatively detached, intellectualised engagement involving some anxiety, a sense of being tested in some way, where neither of us was quite sure of what our roles were. I was initially anxious that recording equipment functioned properly, and that I had the correct paperwork for participants. I was concerned that participants comprehended the structure of the interview and understood that anything they had to say was of value. Participants also seemed to be initially tense which manifested in the asking of questions about what was expected of them, expressing uncertainty about whether they had anything useful to say or apologising in

advance if they proved unhelpful. For example, all participants knew I was completing a PsychD in Counselling Psychology, and for some this seemed to represent a more advanced level of training than they had obtained. One participant stated she thought I would be in a more privileged position than her once I was qualified. Even though roles and expectations may have been intellectually explained, it was through the dialogue and experience of being together that the manner in which we related to each other was jointly negotiated. The transitions negotiated included shifting from peer / supervisor / colleague, etc., to researcher / participant; then to two people with experience of the same client group struggling with the same concept and considering a different perspective. In terms of embodied intersubjective experience, the latter part of the interviews where far more alive, egalitarian and in some ways more playful. Interviews also became more emotional; the beginnings of interviews involved expressions of how difficult these clients were to work with. Yet, they often ended with a joint acknowledgement of the difficult lives, struggles and experiences of these clients; as something of the immensity and sadness of their struggles seemed to resonate.

6.1.4 The Contexts. The participants and I were all white women of western origin; therefore we shared significant horizons stemming from gender, social and cultural factors. This replicated, to an extent, the client group where the majority are females from western cultures. Like me, these participants had chosen to work within the field of eating disorders treatment and one wonders what may have led to their choice given that mine was deeply personal. It is interesting to consider whether participants would have spoken differently to me if I was male. Or if male participants would have reflected on the nature of embodiment as embedded in a culture in the same way as these female participants. If I were from a non-western culture, would participants have emphasised different aspects of their experience? Western culture is traditionally viewed as privileging individual autonomy over shared responsibility, would someone from a different culture have presented the same understandings of practice or embodiment as these participants did? Perhaps there was an implicit level at which we related to each other as white western women in terms of understanding embodied ontology in this culture and the pressures we may all have felt

subject to. These are unanswerable questions without further research, but they highlight the ways in which gender and culture influenced the findings.

Physically interviews took place in rooms within the NHS setting in which both participants and myself worked, and during working hours for participants, therefore they were literally embedded in a setting infused with a particular approach based on treating a disorder. This was perhaps emphasised by participants' knowledge that I was experienced in this setting, despite my interest in their individual experiences rather than the setting. Given this context, it is not surprising that participants offered descriptions of the ways in which they applied the model predominant in that setting. In many ways, the embodiment quote was far removed from the language, philosophy and epistemology of that service. Perhaps it prompted a moment of realisation for participants that the dialogue did not need to be about the ways of functioning within the service but could be about something *othe*r. Maybe it represented permission to talk about something more personal and individual, which may have resulted in them becoming more embodied at this point in the interview. As stated previously the dialogue became more relaxed as something was shared, including permission to express views that may not align with the service perspective or model, in particular the introduction of the word soul, not commonly used within NHS settings. All of these factors introduced the notion that something very different was being spoken about and participants' responses could reflect this. This may have contributed to the findings of the inquiry and also highlighted the ways in which a setting can set limits upon horizonal views and their expression.

6.1.5 Conclusions. The inquiry presents the journey of a consolidated group of participants; it does not capture individual narratives. Although participants' individual voices are heard in excerpts, there is no recognition of how each person journeyed from their perspective towards an embodied one. I chose to manage the volume of data by using the frequency with which themes occurred to select those themes to be considered in the report, which resulted in the concealment of such themes as using intuition, knowledge and experience. Although those themes are retained in Appendix D, they are lost in the

discussion and findings. Upon reflection, it is possible that this use of a numerical tool parallels the ways in which theories can lead to the use of associated tools that make the work manageable but also create distance since it is the tool that defines significance and meaning rather than embodied knowing.

As a result, the inquiry raises similar questions regarding the research of counselling psychology as it does about its practice. Unlike quantitative methods, qualitative research is based upon wider epistemologies that permit more varied ways of knowing, e.g., intersubjectivity, iterative processes, embodied knowledge, analysis of language and power; but all methods of data analysis have the potential to be used as disembodied tools risking the production of intellectual knowledge disconnected from other kinds of knowing. Even this inquiry into the concept of embodiment, with an awareness of studies such as Burns (2006) that utilised notions of embodied intersubjectivity, became caught up in the use of tools. This could stem from my initial positivistic outlook or emerge from the nature of research, where questions of validity arise alongside the need for clear communicable conclusions. The process of seeking to understand in embodied ways begins to be taken over by the need to have findings that will stand up to a peer-review process, therefore aspects of the inquiry begin to take on the form of variables and there is disengagement from the hermeneutic attitude.

These areas represent aspects of a hermeneutic analysis by considering the ways personal experience and expectations, the nature of the questions asked, the embodied intersubjective encounter, gender, culture and the physical setting may have influenced and defined the horizons operating between participants and myself. They also show the ways in which a shift in perspective can operate on multiple levels through dialogue. The interviews represented horizonal shifts on many levels for participants and me in each dialogical embodied encounter, all of which impacted on the findings of the inquiry. As a result, this inquiry has highlighted the ways in which research findings are the result of a complex interplay of the researcher's concerns, the nature of the overall research question, the nature of interview questions and the intersubjective encounter. Also the method and nature of the

data analysis including the nature of the questions asked of the data and the ways in which significance and meaning are determined. These considerations are important when inquiring into aspects of experience and practice since they also emerge from complex interwoven contexts.

6.2 Contributions and Conclusions

This section will briefly consider the concept of praxis before exploring what the concept of embodiment may offer to the praxis of counselling psychology with reference to the findings of the research. It will show the ways in which engaging with the concept of embodiment, by highlighting the nature of being as embedded, opening up ambiguity, challenging dichotomies and acknowledging non-psychological aspects of existence supports the embodiment of the ethical, relational, reflexive practice of counselling psychology.

Gadamer (1960) speaks of the importance of recognising the tradition in which a hermeneutic is attempted, for example this inquiry took place within the tradition of counselling psychology then within the tradition of research then qualitative research, then hermeneutic etc. In exploring hermeneutics as an approach to understanding, Gadamer (1960) does not seek to set out specific methods to be adopted; rather he speaks about the hermeneutic as the holding of a specific attitude towards that which is attempted to be understood. He considers the *praxis* of hermeneutics, which is not just theoretical knowledge or a methodology but awareness of the way in which these combine with everything that affects its practice, so it could include traditions, beliefs, attitudes, experiences etc. In the same way it is important to consider all that informs the praxis of counselling psychology which includes the theoretical knowledge; a humanistic value base; the relational approach and recognition of intersubjectivity; the professional identity of scientist-practitioner and claims to evidence based practice; the importance of personal therapy and experiential learning during training. This inquiry has found that the concept of embodiment has something to offer to the praxis of counselling psychology.

The inquiry showed the ways in which theories defined the understandings available to participants, of clients with the diagnosis of anorexia nervosa, and how language played a part in this. By revealing embeddedness as an aspect of embodiment the findings also highlighted the ways in which counselling psychology practice is embedded in the language of psychological theories that define the understandings available to practitioners. The demand for professionalism and evidence-based practice requires counselling psychology interventions to be justified by knowledge of psychological theory and research, making it necessary to translate clients' experiences and needs into this language and therefore, to an extent construct them (and counselling psychology practice) out of this language. As a result practitioners can be observed at times to speak about their clients as if they were their symptoms or conceptualisations, for example to speak about working with defences or ambivalence, or conditions of worth or to use generalizations e.g. "anorexics". The researcher has also struggled with this at times, it is easy to trip up in language, to use short cuts to communicate complex meanings, to state "anorexics" rather than "an individual who has a diagnosis of anorexia" but without careful use of language individuals are turned into the label that has been given to them. It is suggested that when this use of language is present it indicates an imbalance in the praxis of counselling psychology; a disembodying of theory resulting in the objectification of clients.

The inquiry found that engaging with the concept of embodiment highlighted that *being* is embeddedness in relationships and contexts and consequently opened up ambiguity, therefore the inquiry supports the view that counselling psychology as a discipline should acknowledge human beings as embedded, embodied, historical and political beings where dichotomies are dissolved (Manafi, 2010). In light of this, embedded embodiment, as a perspective, is aligned more with post-modern epistemologies where the self is not considered to be an enduring stable entity; rather it is endlessly reconstructed in relation to the contexts it encounters, the self is a perpetually moving horizon. This inquiry does not adopt the rejection by post-modernism of the usefulness of theories; rather it advocates an awareness of the ways in which they construct knowledge about individuals and

consequently our practice with them. The inquiry agrees with Manafi's (2010) proposal that "human experience – from our modes of relating to the world and other people, to the ways we construct meaning and understand ourselves – is always contextual and heavily influenced by our embodiment" (p33), which applies equally to our construction of counselling psychology practice. The inquiry supports the idea that ethical decision making in counselling psychology practice should be guided by an understanding of the broader social, political and organizational dynamics alongside ethical codes of practice (Strawbridge & Woolfe, 2010). The finding of the inquiry that engaging with the concept of embodiment uncovered different kinds of understandings has shown that embodied views could support these approaches to ethical practice.

In relation to intersubjectivity, engaging with the concept of embodiment was found to challenge dualist notions and highlight non-psychological aspects of being and knowing. Embodied views can therefore be of use by acknowledging the existence of embodied processes between practitioner and client that are non-conscious, can never be consciously applied as a technique or spoken about in language, but may be the counselling psychologist's most powerful "tool". By recognising that the value of counselling psychology is in the perpetual attempt at being-with as equals, embodied perspectives present a challenge to counselling psychology practitioners who prefer to approach their clients from the safety of particular therapeutic models or techniques. The finding of the inquiry that engaging with the concept of embodiment opened up wider horizonal views suggests it facilitates the attempt to fully appreciate the view of the other. By highlighting the embodied nature of practice the inquiry advocates a willingness to open oneself up fully to the vulnerability and ambiguity of self and other and self-with-other (Ray, 2006; Wilde, 1999), where the therapeutic is found in the practitioner's capacity for being in relation with another (Strawbridge & Woolfe, 2010). This view dethrones the expert therapist bringing them into the realm of the living where all beings battle with life's adversities (Manafi, 2010); therefore engaging with embodiment provides a balance to the objectification of clients by practitioners' use of psychological theories.

Consequently the embodied view is not proposed as an alternative theory to be adopted; it is proposed as sitting outside of the construct of theories but could inform their practice. Theoretical knowledge provides frameworks, supporting consistency, transparency and an underlying explanation for decisions made regarding interventions. Embodied practice offers a framework based upon a different underlying epistemology, where it is not the knowledge of the intellectual, rational mind alone that guides practice but the wisdom of embodied intersubjectivity (Wilde, 1999). The embodying of practice breaks down dichotomies and supports relational practice via the reflective application of theory taking into account the feel of being in a room as two embodied human beings.

The findings of this inquiry support the rigorous requirement of counselling psychology for reflexive practice because it facilitates a balance between an embodied appreciation of the experience of being with someone and theoretical knowledge about the kinds of psychological processes that may be influencing this. This has implications for the ways in which the practice of counselling psychology is taught since the inquiry has shown that cognitive learning of knowledge must be balanced with other ways of knowing in order to respect and value individuals fully. Learning psychological theory can be a disembodied act, by initially disembodying knowledge it objectifies the client and their experiences in order to understand something about them and how counselling psychology practice could theoretically assist them. Theory becomes a different kind of knowledge through experience, by engaging with the phenomenon it is about, and multiple encounters are necessary to build up complex knowledge about the ways in which theories can be applied and the consequences of these, a process that is qualitatively different from the cognitive learning of theories (Smith, 2001). It is, therefore, the experiential learning component of trainings that provide the opportunity to embody practice, where theoretical knowledge is forced to interact with the experience of being with an actual embodied person as an embodied counselling psychologist. This experiential embodiment of practice could describe the move from technical rationality to capacity for reflection-in-action, which transforms professional practice into a creative act incorporating attendance to experiences and theories-in-use (Schon, 1983). These processes allow unfolding understandings to inform actions in unfolding

situations (Schon, 1983) and it could be argued that it is the embodiment of theory that allows this process to occur and supports practice that best serves and respects clients. Counselling psychologists, therefore have to embody an approach informed by theory, to become embodied hermeneutic practitioners who genuinely seek to understand the complex beings they seek to help.

Therefore, this inquiry has shown the importance, in counselling psychology trainings, of retaining a balance between theoretical knowledge and the embodied application of that knowledge, where "knowing" about clients is not solely based on conceptualising them according to the language of psychological theories. Ethically, theory should always be used in the service of the client and not the practitioner, yet the inquiry found that theoretical knowledge helps the practitioner have some distance from the individual's distress thereby assisting them to bear it. Experiential learning and personal therapy aids the same without the creation of an intersubjective barrier, by facilitating the practitioner to understand and bear their own embodied response to this distress, this re-embodies the intersubjective field and supports sensitivity, respect and ethical use of theory. This exploration has shown that this aspect of the praxis of counselling psychology cannot be taught in the same way a theory can be taught, which raises questions regarding what should be emphasised in counselling psychology trainings. It also raises questions regarding whether current training programmes in counselling psychology adequately facilitate the embodiment of its practice and how much of this process can occur within the standard three years of training or required four hundred and fifty clinical hours.

The findings of this inquiry support the view that counselling psychology should value holistic conceptualisations of individuals and be critical of potential dichotomies e.g. self/other; mind/body; subjective/objective; normal/abnormal; reason/emotion (Manafi, 2010). The inquiry has highlighted that individuals are embodied beings encountering and responding to a world as whole beings, and embedded in worlds that inform their construction of themselves and therefore should be understood as such. Counselling psychology practice, in its provision of a space for individuals to reflect on their experience

and themselves, has a responsibility to consider the ways in which its use of theories influences the construction of those who encounter it. Individuals come into contact with counselling psychology generally at times of uncertainty and distress, and as such are particularly vulnerable to the explanations or constructions offered to them.

This inquiry has shown, via the concept of embodiment, the importance of other ways of knowing and of retaining hermeneutic openness in the praxis of counselling psychology, where the *other* can be understood, experienced and heard as an individual rather than a representation of theoretical understandings or pathology.

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APPENDICES

A. Information for Potential Participants

B. Consent Form

C. Debrief Information

D. Master Table of Grouped Themes with Illustrative Extracts

E. Frequency of Grouped Themes for Participants

Appendix A

Information for Potential Participants

Roehampton University London

Information for Potential Participants For
A study looking at what is helpful and unhelpful in working with individual's who have a diagnosis of Anorexia Nervosa.

Who can take part?
I am looking for qualified psychotherapists, therapists and counselling psychologists who have experience of working with individuals with a diagnosis of Anorexia Nervosa. Due to the limitations of the research arts and creative therapies are currently excluded.

What would taking part involve?
Taking part in the research would involve attending a semi-structured interview lasting approximately one hour (including a 15 minute debrief). This will happen at a mutually agreed time and place. You will be asked to speak about what you have found helpful and unhelpful in working with this client group.

Why is the research being carried out?
The research is being conducted as part of a Practitioner Doctorate in Counselling Psychology at Roehampton University and will be subject to their ethical guidelines and monitored by an academic supervisory team. The reason I am researching this area in this way is because I have worked in an Eating Disorders Service for the past ten years and am interested in making sense of the individuals experience rather than people with anorexia as a client group. Most research I have found in this area involves looking at statistical analyses of data, which has been obtained from questionnaires and does not look at what individuals say about their experiences.

Brief Description of the Project
The research aims to explore a particular concept and whether this emerges through discussion with therapists working with individuals who have a diagnosis of Anorexia Nervosa. The second part of the interview will involve exploring this concept together and it's usefulness or not for this client group.

At a later date clients will be interviewed to see whether this concept emerges from their interviews and has any relevance for them.

Will participants be anonymous?
The interviews will be audio recorded and transcribed; your confidentiality will be protected throughout with all identifying information stored separately from the interview data. The results will be written up as a PsychD thesis, which could include some quotes from interviews and could be written in part or whole as an article to be published. You will not be identified in the written report of the study, apart form the researcher the only people who will read or listen to your interviews will be the research supervisors and course examiners who will only have access to non-identifiable data.

What would be the benefits of taking part?
You would be helping to provide information to expand the knowledge about what is helpful in working with people with anorexia nervosa. I would also hope that it would be helpful to you to have a chance to explore and think about your experiences of working with this client group.

Debriefing
Participants will receive a 15 minute debrief immediately following the interview allowing some time to explore and identify any areas of concern or distress. As a participant you will also be given written information on the purpose of the research.

Withdrawing From the Research
You can withdraw from the study at any time without needing to give a reason and in this event all information stored about you would be removed from the research and destroyed. You will be assigned an anonymous ID number at interview and will be given this number on your debrief information. Due to the nature of qualitative analysis there is a point at which it may not be possible to identify which participant's data contributed to certain outcomes e.g. statements interpreting overall themes. Therefore beyond a certain stage data in collated and summarised form cannot be removed but any specific data e.g. direct quotes from interview transcripts will be removed upon receiving a request to withdraw.

What to do if interested in taking part.
If you have read the above information and considered the pros and cons of taking part and wish to agree to participate then please print off and complete the Participant Consent and Information Form and return this to me at the address below. Alternatively you can complete the form electronically and e-mail this to me with your name entered under the "Consent Statement" section, this will need to be signed at the start of the interview otherwise the interview could not proceed. If you want me to send you a printed copy for completion please contact me by e-mail or phone and I will arrange this. After I receive the completed Participant Consent and Information Form I will contact you to check you are still interested in taking part and to arrange a time and place to meet.

If you have any questions or concerns please feel free to contact me. I may not be able to respond immediately but if you leave a message and your contact details I will get back to you as soon as soon as possible.

Many thanks for taking the time to look at this information.
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Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the researcher. However if you would like to contact an independent party please contact the Dean of School or Director of Studies.

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Appendix B

Participant Consent Form

Roehampton University London

PARTICIPANT CONSENT AND CONTACT INFORMATION FORM

Brief Description of Research Project:

The researcher is looking for psychotherapists, therapists and counselling psychologists who have worked with individuals who define themselves as having a diagnosis of Anorexia Nervosa.

The research aims to explore a particular concept and its usefulness with this client group. This will initially be explored from a personal and theoretical position then through interviews with therapists and finally through interviews with individuals who have a diagnosis of Anorexia Nervosa and have received therapy. The research is interested in whether this concept emerges through discussion with participants and then whether it seems relevant or useful when offered to participants in the second part of the interviews.

8 individuals are required for each group of participants. Data from transcriptions of the audio recordings will be analysed using qualitative methods which involve attempting to describe individual experience, looking for themes and trying to interpret the essence of what is being communicated within a social, cultural and historical context.

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Taking part in the research involves attending a semi-structured interview lasting approximately one hour (including a 15 minute debrief) which will be audio recorded. This will happen at a mutually agreed time and place. During the interview you will be asked to speak about your experiences of:

- What has been helpful and not helpful in working with individuals diagnosed with anorexia nervosa.

- You will then be offered the concept being researched with a brief definition and asked to explore whether you feel this concept could be useful when working with this client group.

Withdrawing From the Research
You can withdraw from the study at any time without needing to give a reason and in this event all information stored about you would be removed from the research and destroyed. You will be assigned an anonymous ID number at interview and will be given this number on your debrief information which you can use to request withdrawal. Due to the nature of qualitative analysis there is a point at which it may not be possible to identify which participant's data contributed to certain outcomes e.g. statements interpreting overall themes. Therefore beyond a certain stage data in collated and summarised form cannot be removed and could still be published but any specific data e.g. direct quotes from interview transcripts will be removed upon receiving a request to withdraw.

Consent Statement:
I agree to take part in this research, and am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name: ……..

Signature: ……..….. Date: ……

CONTACT INFORMATION

Name	
Phone Number	
Email	
Address	
Preferred contact method?	

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the researcher. However if you would like to contact an independent party please contact the Dean of School or Director of Studies.

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Appendix C

Participant Debrief Information

Roehampton University London

Debriefing Form

Research Title:

In what ways can the notion of embodiment assist the counselling psychologist in their work with clients diagnosed with anorexia nervosa?

Brief Description of the Project

The research is interested in the concept of embodiment in relation to anorexia nervosa and therapy. Traditionally research in this area has been based on the view that the mind and body are separate entities and attitudes towards the physical body are measured through completion of questionnaires usually relating to body image and levels of body satisfaction. However, this type of research treats the experience of the body and the thoughts and feelings about the body as different and separate experiences. The current research is interested in looking at experience in a different way by viewing a person's experience of living in the world as a whole. One way of defining embodiment which helps to explain the position taken in this research is: that human experience takes place within a body and is defined and limited by the capabilities of this vehicle but it is not reducible to it.

The purpose of this research is to explore the concept of embodiment and its potential usefulness or not in relation to individuals diagnosed with Anorexia Nervosa. Prior to conducting interviews the researcher has explored the emergence of this concept as one which is useful out of their personal experience of working with this client group. Following this the concept has been considered from a theoretical and philosophical standpoint. The interviews with therapists are being conducted in order to discover whether embodiment or issues relating to this emerge when they are asked what they have found helpful and unhelpful when working with individuals diagnosed with anorexia nervosa. In addition the researcher aims to discover the response of therapists to the concept of embodiment in relation to this client group and whether they find it useful. In a similar way interviews with individuals diagnosed with anorexia nervosa are being conducted to see whether issues relating to embodiment emerge when they are

asked what they have found helpful and not helpful in their experience of therapy. Individuals with the diagnosis will also be offered the concept of embodiment, asked to respond and consider whether they find it a helpful one or not.

In order to put this within context the research will look what may influence these responses e.g. social, cultural, historical influences. Individuals with Anorexia Nervosa have been chosen to participate because they appear to experience particular issues around embodiment and tend to have received a form of talking therapy. A talking therapy is a formalised type of support delivered by a trained professional, based on theoretical understandings of psychological and emotional processes delivered through a shared dialogue between the client and the helper.

The interview transcripts will be analysed by the researcher focussing on what meanings may emerge from individuals' transcripts, for the transcripts as a whole and for the researcher. The hope is that when written up this research will help contribute to the therapeutic work of individual practitioners working with individuals with a diagnosis of anorexia nervosa by exploring the usefulness of the concept of embodiment with this client group. This could also influence the experience of therapy by individuals with this diagnosis in potentially beneficial ways.

Thank you
Your participation in this research is very much appreciated and will contribute to our understanding of complex issues like individual experiences of embodiment, of counselling psychology and of Anorexia Nervosa.

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Withdrawing From the Research
You can withdraw from the study at any time without needing to give a reason and in this event all information stored about you will be

removed from the research and destroyed. Your anonymous ID number is written in the box below and should be used in the event that you wish to contact me to request withdrawal. Due to the nature of qualitative analysis there is a point at which it may not be possible to identify which participant's data contributed to certain outcomes e.g. statements interpreting overall themes. Therefore beyond a certain stage data in collated and summarised form cannot be removed but any specific data e.g. direct quotes from interview transcripts will be removed upon receiving a request to withdraw.

Assigned ID Number:	

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School or Director of Studies.

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Appendix D

Master Table of Themes with Illustrative Extracts	
In your experience what have you found helpful and unhelpful in working with individuals diagnosed with anorexia nervosa?	
General understandings of anorexia nervosa:	Location of Extract
1. Emotional Control Christine: *- how much they control all of that angst about daily life through their food* *- people with eating disorders tend to split off quite a lot of their experiences into their body err and control it and manage it, manage it that way* Mary: *- being able to .. control .. the hurt, past experiences .. through keeping, keeping that sadness pushed away but I think they, they don't control it that well because .. the control then .. sort of .. ends up .. becoming around food* Shona: *- don't know how to manage those strong emotions that they have, you know to find out that actually by controlling what they eat means they can also control about their emotions* Ruth: *- this is purely the way that they chosen to manage very difficult feelings* Meg*:* *- working on the importance of helping people with anorexia to get in touch with how they feel because it's something which seems to be very … blocked, avoided, not in touch with .. partly I guess because of starvation, partly literally an avoidance*	Pg 5 line 21 Pg 4 line 53 Pg 7 Line 55 Pg 1 line 52 Pg 5 line 24 Pg 1 line 54
2. Control Sam: *- sometimes the only way they can resist is to stop eating um .. and then they, they get their power back by feeling in control .. because that's the one thing they can control* *- it's another form of control, they are controlling family rather than the other way round … … so they get their voice heard then, don't they …*	Pg 5 line 14 Pg 5 line 41
3. Unworthy of Needs Christine: *- with eating disorders is probably 9 times out of 10 about erm .. denying their own needs in some way, even their need for food* Mary: *- they don't feel worthy enough to feel what they, they experience, they don't feel that they should talk about it or … or that what they went through, maybe was valid err .. so it's numbed and then they can't feel it* Shona: *- so there was a kind of what her needs were from an emotional point of view but also the fact that she was recognising she was hungry in a very practical way .. bu, but putting those things together and about what her*	Pg 9 line 22 Pg 8 line 23

needs were	Pg 8 line 16
Ruth: *- helping them to recognise that, you know as human being we all have feelings, some of which can be quite bad feelings um ..but it's, we are entitled to have those*	Pg 5 line 6
Sam: *- feeling so bad about themselves, that they don't feel that they worthy of being well nourished or looked after in any way*	Pg 5 line 19
4. Impossibility of Being-in-the-world Christine: *- your goal would be about erm I can't live in the world as others do so therefore the only way they can live in the world is to be underweight or undernourished in some way*	P4 line 24
Shona: *-the fear that she had about not being able to manage in the world was stopping her from actually .. erm .. taking risks*	Pg 3 line 5
Tanya: *- anorexia is a .. symbol of something else, it's not a um .. organic illness, it's not a chemical illness, it is a way of being in the world that helps you be in the world but it's dangerous and it's .. destructive and it stops things happening .. but that's because other ways of being in the world seem too uncomfortable, impossible, not doable*	Pg 3 line 41
Helpful:	
1. Models of Understanding Christine: *-Training in a model and having supervision … that opened up a lot more of … emotional depth … and different goals … so how to live in the world would have been a common goal*	Pg 1 line 42
Shona: *-cognitive behaviour therapy is actually quite good in the short term with clients because it is very much solution focussed and … you can get them to actually look around … how to manage things on a practical level … when I started working …. on a cognitive analytical … way, that actually deals quite a lot with emotions … and usually, you know with any kind of … therapy you need to address the emotional and the practical*	Pg 2 line 21
Ruth: *-I work as a CAT therapist so I find that quite a useful way of working with people because it's got both the cognitive element and the analytic element to help them understand why they might be thinking the way they do*	Pg 1 line 56
Sam: *-what works for me model wise, I think because I do CAT, … you can get an awful lot of information out in the first two or three sessions that's quite, erm ..methodical …*	Pg 3 line 33
Tanya: *-the CAT model at least helps me understand*	Pg 1 line 34
Carol: *- .. it's probably pretty difficult to communicate in another way and I su, I*	

suppose in, in CAT em .. I, I would bring that into the session that – hold on a minute you are very compliant .. probably say it a bit nicer than that .. erm yet you are losing weight what's, what, what's going on?	Pg 4 line 48
Meg: *-I have focussed on … emotion regulation stuff and that I guess has been through … … Cognitive Remediation and Emotions Skills Training, it's a ten session treatment [… …] it's nice sometimes to have that structure .. … …. otherwise … …it can go completely off track*	Pg 4 line 3
2. Power-Relations Christine: *-using the relation.. using the therapeutic alliance really, using myself, checking things out, how do they feel about me* *-that's one of the areas that I always do work on is our relationship and am I doing anything that isn't ok or, you know and getting them to tell me about that*	Pg 2 line 4 pg 7 line 2
Mary: *- definitely building a trusting relationship, I think that is really, really important, in my experience, so far is that people who are suffering with an eating disorder are for some reason feeling really unsafe .. um .. and getting to know someone or to trust someone is really, really hard* *-that makes them feel you've been listening, you really do understand me erm .. and I've found that they are willing to, to give more and explore more .. so I think really trying to understand where they are and go where they are*	Pg 1 line 13 Pg3 line 1
Shona: *- the fist client was about a collaborative process* *- not for us to always give answers but to help the person to become their own therapist*	Pg 5 line 34 Pg10 line 60
Ruth: *- I suppose initially trying to make some kind of relationship with them, because they, they are so extremely defensive and so finding a way of making a relationship with them*	Pg 1 line 29
Sam: *-you have to build a therapeutic relationship with someone and you know it's going to take time for them to trust in you* *- I think partly when you get an understanding yourself of how things came about I think at the same time so does the patient (R: mm) erm and looking at how they want to work with it, what do they want to change, what do they want to make different, you know, what do they want to be different*	Pg 6 line 43 Pg 5 line 57
Tanya: *-a language and understanding of how we can speak about what's happening between us, without it getting frightening and overwhelming and increasing anxiety* *- a common language is literally what a relationship develops, any close relationship develops a common language […]it's a language to talk about the meaning .. uh .. the, as I said the, the impact, the relat, the meaning that the anorexia has for a patient and for someone .. that's working with that patient,* *- then I can say - this is the impact that has on me that I suddenly feel that you are not involved in something, do you feel that you are not involved in something, so it's you know, yes it then brings it into a relational sense* *- I wouldn't just say – anorexia can be summed up by treating anorexics*	Pg 2 line 45 Pg 3 line 3 Pg 3 line 31

relationships, you know attach to somebody nice and you get all better, it's not that simple, it's very, very complicated .. um .. I think it comes from a profound sense of powerlessness as well … and it gives anorexics power, very powerfully, they are very powerful patients but they don't feel powerful	Pg 4 line 1
Carol: *-being a therapist you are in a position of power .. erm .. you, you are in a position of being a helper, erm yeah, the more knowledgeable and preferably more together ..erm so I, I should imagine it's quite difficult to take on the role as the patient and be in the position of needing erm to be helped*	Pg 5 line 4
- there was kind of a gen kind of a genuine, at, at times – lets both roll up our sleeves and understand … you .. as a person a little bit, rather than I have all the answers and I am the expert	Pg 5 line 34
- being invited if you like to, to erm .. to enter into a relationship where they can talk about what's fantastic about having anorexia	Pg 6 line 4
Meg: *- for them to open up to you and just how long that process can take so actually kind in, on this ward it might take three or four months to actually establish a therapeutic relationship with somebody before you can get past first base*	Pg 2 line 10
--you have to spend a lot of time on rapport, perhaps more time on establishing rapport and the relationship that you would in other services perhaps … … because they, yeah we know they are difficult to keep in treatment there are high drop out rates	Pg 8 line 28
3. Understanding weight issues Christine: *- quite often when things go wrong its because the therapist hasn't got a clue about or hasn't noticed that erm … whilst the patient is coming to therapy and being compliant with coming to therapy they're not eating and they are losing weight so there is a big discrepancy between what they are saying, what they are doing (R:mmm) so in eating disorders the model would be to pay attention to both*	Pg 3 line 1
-there obviously are people out there who don't think that knowing what a patients weight is, is important to the therapy, to the therapeutic work, I don't believe that, I think it is vital erm cos its an external barometer or gauge to what's going on erm …erm … I couldn't imagine not knowing em what a patients weight is	Pg 3 line 17
- you've worked with someone at one weight and the issues are very different to when they have put on a couple of kilos and then they are in touch with other parts of their you know history and they do get stuck at different developmental ages and as the layers of weight go back on you d.. that does become evident and sort of, it becomes a bit more erm revealed	Pg 7 line 28
Shona: *- what I have found is that when people's BMI's is, are higher and actually they are healthier that their, their cognitions and their thought processes .. um seem less confused so erm, there is some flexibility around actually being able to .. um, talk about things in a much wider way*	Pg 1 line 23
- I remember monitoring her weight for a while and saying look something's happening, you are saying it's really important but your weight is actually going down .. erm .. and … I had to have a few conversations, I would say four sessions, four or five sessions of saying something's happening here	Pg 7 line 28
- sometimes with their improved health then actually when their weight is going up it means that actually they have more stamina to be able to em ..	

tolerate even, even sessions	Pg 9 line 16
Ruth: *- a visual thing to show them whether they are, I mean they may tell you that they have been doing far better and eating more and their weight is exactly the same so it's quite useful for them to be able to see what it's doing … … and to be able to talk about what might have been going on and help them make the links between what has been difficult and what might have made them lose weight or to vomit or whatever it is they do*	Pg 2 line 49
-the minute the thoughts of weight and shape and food and calories and so on .. get into their head, what actually are they really feeling, cos my understanding is that this is all a cover for something much more ..painful, like nobody loves me I am useless	Pg 6 line 41
Sam: *- has spent the summer not putting any weight on whatsoever and now is in a panic (R: mm) she wants to put weight on and it's, it's basically university or the ward, and the motivation there, of course, is towards university and not towards the ward erm … … so you know there is that sort of wonder whether she likes the idea of going rather than the actual sort of reality of being there*	Pg 2 line 10
Tanya: *- I've supervised endless cases where anorexics do terribly co-operative therapies and talk and talk and talk about every psychological issue under the sun and have lost 4 kilos, which means they are not actually engaged and talking about and struggling their anorexia*	Pg 3 line 16
- I think that's crucial cos that's what it's about .. and if the therapist doesn't I think it's avoiding the crucial issue that the patient sitting between, you know, sitting in front of you is that you are an anorexic and .. ultimately that is what we are engaged in, we can talk about all sorts of other things but to me that's a contract, I think about contracts with people and the contract is to look at and try and work with your anorexia nervosa, so we have to see how your weight is	Pg 5 line 57
Carol: - I *always weigh my patients …*	P1 line 52
- people, especially with anorexia, in my opinion, erm look, look as if they are really engaging, you know they turn up every week, they say all the right things .. urm .. really, really want to gain weight, embarrassed that they are so skinny and yet they lose weight consistently .. so there is this .. compliance .. erm .. and I think, I think without, without scales (laughs) erm .. you could go along believing that .. and all the while they are probably getting iller	Pg 4 line 22
-Lots of communication has been done via food or via weight .. urm this girl in particular got down to a BMI of, of 10 after being discharged from here so I imagine the communication was that she was absolutely furious with that	Pg 4 line 43
- and that was one thing that came out of therapy, I think, that she was a performer .. and that's how she had, she had grown up and could see that the pattern had, .. had repeated and it was quite difficult for her to say – I don't want to gain weight, cos that's not what people working with eating disorders .. help patients do	Pg 5 line 18
- seeing people .. once they reach, sort of a point of no return, once they're too ill to help themselves … I've seen them change .. um and become much more rigid and just a bit .. vacant ..so I understand that, that the remit on a ward is to, is to feed people and to get their brains kind of .. much more active	Pg 6 line 20

4. Externalising issues Ruth*:* *- help them to see that by the form of a map which is kind of a diagrammatic way of seeing the relationship patterns that they get into (R; mhm) and I think having something that's visual is often quite helpful* *- I always use a weight graph, which I think is helpful for people because it is again a visual thing to show them whether they are* *Carol:* *- I think that's helpful because .. there isn't, there isn't then the control battle between us – the scales say this urm .. it isn't kind of, it isn't my opinion then I suppose, it's objective err the scales aren't really gonna con anybody*	Pg 2 line 13 Pg 2 line 47 Pg 2 line 2
5. Understanding Ambivalence and Working Motivationally Ruth: *- I think it's enormously important, terribly boring but it's really important because if they are not motivated they are not going to change anything anyway, so you have kind of got to get them to believe that they've a) got a bit of a problem and that it is screwing up their lives in a way otherwise they are not going to want to change are they* Sam: *- you can use more motivational stuff to .. get them to move on* Tanya: *- what I worry about with motivational work, it becomes an inch away from manipulation and therefore I don't think it works* *- it may be dangerous but it's less dangerous than being emotionally involved in the world for instance or it's less painful, it's less frightening* Carol: *- we always think that people with anorexia want to be .. don't want to have anorexia I'm not sure that, that that is the case* Meg: *- people with anorexia who .. don't necessarily always have the insight to know that there is something wrong or there is an illness .. or don't want to get better* *- to be as motivational as I can and not get caught up in any .. conflict* *- working with anorexia .. I think is probably the most ambivalent kind of mental health issue that I've come across to work with*	Pg 8 line 3 Pg 1 line 51 Pg1 line 53 Pg 4 line 27 Pg 6 line 39 Pg 1 line 22 Pg 1 line 29 Pg 10 line 20
6. Knowledge and Experience Carol; *- I think knowing the diagnosis is helpful .. erm … and I would hate not to have any experience with eating disorders and see someone with an eating disorder* Meg: *- working with patients with this diagnosis is quite anxiety provoking as well .. because they are such, I guess the fact that there is a high mortality rate can make you feel quite nervous* *- that fact that I've become more familiar with the client group and more knowledgeable that make me feel calmer and less anxious in sessions so I, I think I can probably more effective as a therapist*	Pg 3 line 53 Pg 5 line 28 Pg 6 line 18

7. Supervision and Teamwork Christine *- I need to take a step back and look at what's going on for the person, and I think, you know you're under quite a lot of pressure both in and out of the NHS to not have supervision, to not invest money in it or time in it erm … for one reason or another and I think that would be quite a dangerous thing to do*	Pg 9 line 47
Sam *- I think sometimes a combined team effort and by that I mean sometimes it helps if they are seeing a dietician at the same time and you can have some communication between*	Pg 2 line 27
Tanya: *- I think is helpful is to have supervision erm, colleagues you can talk about how worrying it is, how frightening, carrying the worry of weight gain, weight loss, physical collapse, it, it gets us very anxious, people not eating gets on very anxious so .. working within a unit or a service is helpful because you feel, I feel contained or .. with people or somehow there is a sharing of .. erm .. the responsibilities*	Pg 2 line 11
8. Using Intuition Mary: *- that I kind of sense sometimes, there's something I can sense it I can feel it and sort of say what I'm sensing and then someone can come back and say yeah, that is, is how I feel*	Pg 4 line 9
Ruth: *- picking up on how they are from one week to the next, you can tell the way they walk in the room whether they are down or .. cross or . or you have an idea and then check that out with them so I suppose that's what I mean, (R: mmm) sounds a bit non-therapeutic but that's what I do (laughs)* *R: do you think there, there's something um particularly important with people with anorexia in using that intuition?* *TP4: I think probably there is because they are very … uh … set, rigid or um .. they hide their feelings a lot, they have learned not to express their feelings, so to try and help them understand them you have got to be able to work out what you think they might be feeling and thinking*	Pg 3 line 12
Unhelpful:	
1. Don't Talk About Food and Weight Ruth: *- I don't like talking about food and weight and shape and things, I mean the other things that I very often do is to help them see that the minute the thoughts of weight and shape and food and calories and so on .. get into their head, what actually are they really feeling, cos my understanding is that this is all a cover for something much more ..painful, like nobody loves me I am useless*	Pg 6 line 38
- Well because you can talk about calories and food and what you are going to eat and not eat and how much and how much it ways and what it looks like forever and get nowhere, well then – who cares .. and it actually I think defends against the feelings that are underneath it	Pg 7 line 16
Tanya: *- I think that the difficulty is to speak about emotional interactions between people, so the specific thing is not a language about food or anorexia but a*	

language and understanding of how we can speak about what's happening between us	Pg 2 line 43
Carol: *- usually it's been outpatients that have come to therapy because they have got a problem with food and expect that .. that we will talk about food because they think it is the problem, so it's when they, when, I suppose the point is when they realise that it isn't food, food is the way that they communicate the problem um .. yeah I think that's when, that's when they get the point*	Pg 2 line 44
Meg: *- like getting caught up in talking about food I do my best not to (laughs) talk about food or weight but sometimes it, you get, it happens you can find yourself pulled into it*	Pg 7 line 28
2. Avoid Control battles, Re-feeding and Overemphasising Weight Gain	
Christine: *- - how much they control all of that angst about daily life through their food and they can become very angry with people who want to try and feed them*	Pg 5 line 21
Tanya: *- I think when the emphasis is on weight gain … it's .. to too strong a point, it's not helpful, cos I think it descends into a battle very, very quickly, although we have to declare that weight gain is our purpose, in terms of therapy if that's the only thing that is concentrated on I think it produces* huge anxiety in the patient and the therapist and sets up a success/fail and a *power battle, so that's unhelpful*	Pg 1 line 12
- how much one steps over into refeeding as a therapist, and it's, I think that's my point it's so easy to become the feeder and not the therapist and to feed an anorexic not to help an anorexic feed themselves and I think it's unhelpful to refeed	Pg 1 line 40
- it's not a simple thing of gain the weight and you're fine again, there's huge amounts of evidence to show that that isn't so .. so I think refeeding programmes, I don't think people know that in the eating disorder world (laughs) that refeeding programmes aren't very effective, we have to because otherwise people die ..um .. but that's not what we really should be doing, we should be helping people to want to feed themselves	Pg 5 line 41
Carol: *- I mean lots of people .. erm … have had an eating disorder for years, can't really remember life .. without it .. erm .. so to take someone's identity away form them and leave them with … something unknown .. when they are not ready perhaps to give up the eating disorder .. is just never going to .. you are always going to get into a control battle*	P6 line 44
Meg: *- not get caught up in any .. conflict or … stalemate basically, I guess that has been quite a key thing*	Pg 1 line 32
- not getting caught up in … … … a battle … either .. which I've never, thankfully, I don't think I've .. it's never really happened but I can see how it could happen	Pg 10 line 6
3. Therapist Factors Tanya: *- so that's unhelpful … urm .. competition and rivalry over who can get*	

somebody better, which model, which therapist .. because often people get passed round *- what's unhelpful is people want to do it alone and get locked into an .. anorexics like special exclusive relationships, .. so, you know, people tend to stay in the special exclusive relationship – I will remother you, I will make you better* Carol: *- I would tend to go for the bulimics more than the anorexics .. erm … so what could be unhelpful is that I think if someone is referred to me with anorexia I think I could be – oh I'm gonna have someone who is not talk, gonna talk to me, I'm gonna, it's gonna be erm .. much harder to engage with them, so yeah that could be unhelpful for them* Meg: *- you have to be careful though cos I guess in a way because it could be unhelpful … cos you could get pulled into quite a negative .. you know way of thinking, oh you know they are never going to get better or kind of be – and I've seen that where people think that people aren't going to move on …* *R: mm* *TP09: so it's really important not to lose hope and to kind of, I think we, you know for me I think I have to have hold the hope for the people I am working with ..*	Pg 1 line 18 Pg 2 line 19 Pg 4 line 4 Pg 6 line 23
4. Client Factors Ruth: *- it's much easier to work with a patient that comes because they want some help rather than one that has been told that they have a problem and they don't think they have (R: mmm) … erm … working with people who have not been ill that long is a lot easier than working with people who've been ill for 20 odd years because they've, they've missed out on a lot more, they've messed up their lives in a lot of ways* *- what's difficult is when you've got someone whose been ill a long while and they live entirely on their own and haven't got a job and are on benefits .. that can be quite soul destroying because they've got no incentive whatsoever to change anything, that can be .. difficult and if you've got someone who doesn't want to speak …* Sam: *- what I do find with people with anorexia is the … the lower their weight the more difficult they are to work with* *- having actually had people in therapy with a BMI of 13.5 or something like that, you know, they don't want to change, there is nothing .. all they want to do is to be left alone to lose more weight (R:mm) and it's really, really hard to work with that* *- the one thing that is difficult is silence, you get somebody that comes in and doesn't want to talk about anything … … and what, no matter what you do, I don't like a therapy session to sound like some sort of, you know, erm .. inquisition of some sort where you've got to keep questioning them* *R: mmm* *TP05: erm … but to get, sort of, some sort of information out, it's the only thing I can think of that's unhelpful is the silent client, I think why are they here? … … erm but then I think they are there because they want to be persuaded to talk, they need to they just can't*	Pg 1 line 32 Pg 9 line 6 Pg 1 line 14 Pg 1 line 31 Pg 7 line 1

Meg: *- when you work with somebody who has been ill for a long time, so people that had this illness for like 7, 10 years or more .. just become so out of the loop of what living life is like, it becomes really, really frightening for them to take the risk*	Pg 3 line 45
5. Mental Health Act Sections Carol: *- the patients that I have seen have chosen to have CAT … usually, one of the common things I come across with anorexia is that treatment has been done to them, it has been thrown at them .. um .. they might have been held under a, under the mental health act* *Meg:* *- we kind of started to establish a rapport, she started, you know the fact that she was coming every week was like – brilliant – you know something's happening um .. began to open up and then she got put on a section and then that was it* *R: mm* *TP09: she wouldn't, she refused, I was .. and maybe that's part of being part of an inpatient ward and being part of the MDT .. that kind of I got kind of .. tainted with the same brush, well every – well that's not fair, we were all seen as baddies everybody was trying to do the right thing by her and she didn't separate me out from that and I guess, maybe why, why should she, I don't know .. um, but yeah therapy stopped for .. about three months*	Pg 5 line 46 Pg 9 line 1
6. Standard Approaches Christine: *- what's unhelpful would be if you didn't see that or you didn't have a supervision model that enabled you to have a flexible approach to the different sort of developmental needs of the patient as you are going along* Meg *- using a standard CBT approach or a standard psychodynamic approach or a .. isn't always effective in anorexia, we know NICE guidelines there isn't any known effective treatment apart from CAT's got some evidence*	Pg 7 line 52 Pg 1 line 42
The particular area of interest for this research is the concept of embodiment, what do you make of the following quote regarding this?	
Understandings of the Concept of Embodiment.	Location of Extract
1. Ontology Christine: *- I think about bodymind or mindbody I don't think of it as a split cos I do hold with the whole idea that, you know that the, you know what you can't express in words comes out perhaps in other ways, tears for example, your whole body erm .. reacts and responds to the world not just your mind, where is your mind?* *-the mind and the body are one and the same thing, I think that's a Carte – is it Cartesian approach to separate the two to split erm .. they don't do that in other cultures I mean I did study Chinese medicine for a while and they definitely don't do it there* *- you can't split people, these things are all interconnected and .. um … as an embodied whole not as, you know, yeah the mind and body aren't*	Pg 12 line 28 Pg 12 line 44 Pg 13 line 6

separate …	
Mary: *- the body is actually .. it is the person you've just met, the person you meet … so that would include their personality, it would include how they come across … but that isn't … the whole person, sorry, it's not the whole person, for me the whole person is … hidden behind that persona* *- it's, it's the union of souls and body .. (sighs) it's inside and out, maybe that's what it is, it's that inside which we don't always see* *- I think the soul and the body are working together all the time*	Pg 10 line 59 Pg 11 line 23 Pg 13 line 8
Shona*:* *- part of the souls is, is sort of, a bit of, well ethereal .. a sense of a spiritualness, a sense of em .. that there is something about um … self, self soothing, self survival, self nurturing all that kind of thing which .. erm … and part of that is actually doing that to, to your body, learning that actually there are stresses and strains um … uh .. that, that we can actually be born with, with things we don't understand, defects erm … and it's about making that link that .. uh … … the sense of self .. doesn't come always through the sense of your body*	Pg 14 line 2
Ruth *- that we are self and body … I mean that, that I suppose … … … … yes, well I mean that what, what's the problem? I would have thought that that's, is how we live our lives, we are erm .. body and sou err, you know body and spirit ..*	Pg 10 line 30
Tanya *- you know in terms of what is consciousness, which is the killer question, for everybody I think it is literally that the movement between body and soul of existence but .. you can't touch it feel it or explain it yet (R: mmm) or see it* *- I think it's of great use and it is hard to pin down because it is and it always has been, the soul, the psyche has never been pinned down …uh it's a … it's consciousness isn't it, we can't … we can't … so yes I think the notion of embodiment is excellent*	Pg 9 line 47 P11 line 48
Carol: - your .. your mind and body have an impact on one another without that *being seen or noticed a lot of the time* *-it's a difficult concept really … cos what .. it is kind of chicken and egg I suppose erm … … personally I know that, that, that feelings can impact your physical self erm … but I think that people often don't know that until hindsight, I don't think they know it whilst they are going into it or, or through it erm … and it's not, it isn't anything that you can really separate either*	Pg 10 line 54 Pg 12 line 5
Meg: *- it's how important the link is between the two, between mind and body, soul and body, you are right you can't separate them …* exclusively at all they do link and interweave *- you know the body's very fragile .. kind of our minds, our soul, whatever you want to – our inner self, however you want to think about it can also be very fragile*	Pg 13 line 8 Pg 17 line 56
2. Embeddedness and Interconnectedness Christine:	

- .. we interact therefore I become, you know so um, my sense of self is even changing in the moment now as we are talking and interacting and I'm thinking about this material and the words and what it means to me and um its, … so but I am embodied in my own body but also in the context and culture *-we can't be in the room without our bodies and yet just being our bodies means that you might be open to societies judgements and values as to whether, you know, your self worth* Shona: *-part of embodiment is about .. uh .. what we actually sort of .. take in you know.. about .. who, who we are .. and about sometimes erm … uh … with parents and the, the influence of their language and their expectations of their children .. has such a powerful um effect* Ruth: *- we are only .. in a way who we are in relationship to somebody else so if you completely isolate yourself – who are you if you are on a dessert island you wouldn't know anything about tall, short, fat, thin, dark* *Sam:* *- going back to the anorexia it becomes a problem when .. everybody in your family is tiny and you're tall because then you feel bigger and huger than everybody else in the family,* Tanya: *- what is great about the soul is not just my soul it's my soul in connection (R:mm) with .. everything, so we are connected and you find God in the other, which is what I was doing when I looked at "the union of soul and body" .. yes it's the union of soul and body but .. existence is not isolated* Carol: *- we talk about relationship, so when you are buying a ticket from u, um at the station for that very short moment you are in relationship with the person that is selling you the ticket .. and you are always, yeah you are always, you, you, your body and your mind erm .. are always in relationship with one another whether you want that to be the case (laughs) em ..or not*	Pg 10 line 52 Pg 15 line 29 Pg 13 line 15 Pg 12 line 56 Pg 9 line 4 Pg 8 line 27 Pg 7 line 46
3. Temporality Tanya: *- but we die, we decay we grow old and that's sort of the movement of existence isn't it?* Carol: *- what does the future mean anorexics can be very much in the here and now … but you know … … dinner is the next thing that I can think about, they don't tend to think longer term than that … so maybe helping them to think long term 'cause no-one likes it when you, you talk about them being in the position they are in in five years time, no-one really likes that … erm … so yeah maybe opening it up to … … the bigger picture rather than the detail of, of the day*	Pg 9 line 42 Pg 9 line 49
Understandings of the Diagnosis of Anorexia Nervosa in Relation to the Concept of Embodiment.	
1. Ontological Split: Controlling minds punishing bodies Christine:	

- I think eating disorders do try and do that subject and object and split mind and body *-they do punish their bodies massively … we all do, not just eating disorders but we all kind of have this view of oh well things aren't going very well in my life, my body is too fat, too thin, too slow, too whatever and so you're sort of dragging it around with you when in actual fact your body is what enables you to be in the world and without it you wouldn't be here* *- so I think when, when you see people with eating disorders being so controlling over what they allow their body to have, I mean, you know if you just think of the body as an engine they are not giving it a good service and they are not giving it enough fuel let alone all the oil to make all the parts work, they are seriously, seriously restricting it* *- they would find a way then of either being good enough by excessive control and managing their body image or their weight, or it might, you know a consequence might be to .. er .. punish themselves, so it might be about denial, self denial …* *R: mmm* *TP: .. whatever way using the body is a very effective way of expressing … difficult thoughts and feelings* Mary: *- I think that is .. u … a safety thing, it's for safety, so the mind is still in control, the mind is deciding somehow, whatever way you want to think that that is the best way … to make that person feel as safe as possible … …* Shona: *- lots of people with anorexia .. that actually they feel that .. their mind can actually control their body* *-I feel that sometimes they try and do .. is actually to dis, disconnect the mind actually from the body erm … thinking that erm … for me that … the fact that they want control over themselves it feels as if they want to have control over their mind but actually what they do is put control ov, over their bodies* *- there was something that merged and it was something I couldn't force, it happened um … and it was something about how I felt at that time .. how I was actually made to feel by the other person that I was actually dancing with .. there was control but it was supportive control .. and it was magical for me ..* *R: mmmm* *TP3: err, that, that's the convergence I think of, you know, maybe body and soul .. I'm not sure whether .. I'm not sure whether people with anorexia .. allow that to actually happen it gets split off* Ruth: *- they are kind of destroying their body which is not going to actually get rid of their spirit, their spirit is still there, cos most of them don't actually want to die (R: mhm), they want to live but they are not living life, it's a kind of half life so by destroying their body or em spoiling their body, wounding their body they are not actually able to … use their spirit* Sam: *-maybe with anorexia they are somehow in conflict, soul and body* *Carol:*	Pg 11 line 6 Pg 13 line 19 Pg 13 line 31 Pg 14 line 54 Pg 15 line 28 Pg 12 line 45 Pg 12 line 51 Pg14 line 15 Pg 10 line 42 Pg 7 line 49

-working with people with eating disorders, people like to think that they are separate from their body or that they can absolutely control .. their body *- people that I have spoken to, are angry with their bodies and feel like they've let, their body lets them down … … erm … … but, but the body always wins as well .. the body, if, you know if you try and just push it too much erm … there's one girl who would talk about running and that she would run regardless of how she felt and she would manage it but the next day she would be absolutely crippled so then felt like her body .. was fighting against her*	Pg 7 line 41
R: mm	
TP08: even though she was her body	Pg 8 line 12
Meg: *- we go about … day by day .. soul and body interacting, we look after ourselves physically but something about an, people with anorexia literally trying to, are killing off that part of themselves, somehow*	Pg 13 line 20
- kind of managing their suffering or their pain via controlling their body … … in fact to the point where .. maybe you partly numb your .. soul or your subjective experience because you, you starve your body so much that it doesn't function so then objectively it becomes quite difficult to function because you don't have .. the .. capacity to think straight	Pg 15 line 27
2. Power and Agency	
Christine: *- - I suppose if they come from a family whereby achievement is the, you know, valued and they are not achieving things in the way that their parents want them to they would then punish themselves in the way they, or control, you know control their bodies*	Pg 14 line 49
Shona: *- through growing up and developing anorexia sometimes the children become objects for their parents to actually please them erm … become something of what the parent wants as opposed to what the child wants* -	Pg 13 line 49
Ruth: *- you can't just have one person with anorexia in a family that nobody notices, it affects everybody … and the other siblings will get irritated and annoyed because all the attention goes to them all of a sudden and it everything is organised around them and (inaudible) so it's a very concrete way of .. em .. controlling the whole family set up*	P16 line 10
Sam: *- if you plant a daisy it will grow into a daisy you can't expect it to grow into an orchid, for example, and I think that, that's gets a little bit out of line, I think that, that .. when your .. when you live in a family you are influenced by everybody in that family and if they are completely different in some way to how you are meant to grow or be then you get conflict*	Pg 7 line 58
- so there is something inside you that is resisting that you don't want to be a doctor you are going to be a teacher and yet you don't necessarily recognise that so you get out of, out of line	Pg 8 line 8
- you get, everything gets disjointed and the only thing that feels .. safe .. is to .. you know – not eat or stop eating or control that side things ..	Pg 11 line 12
Tanya: *- I think if you can't be captain of your own soul, which is you, maybe you become captain of your body in a very, and I guess you don't feel captain*	

of your body either, you know you don't feel captain of everything which is the total powerlessness therefore that, that kind of embodiment of not being captain of your own soul uh at least I am at the helm of the body *- I think, with anorexia you are not captain of your own soul (R: mmm) you are captain in this imprisoned …. Sort of ship* *- I think embodiment is an imprisonment within the anorexia so both the body and the soul are imprisoned and not moving anywhere at all, which is why you need to engage with it* *- taking it back to anorexia it's taking a good body and making it bad body, um .. but it's also the soul, that, that there is something embodied that's .. unhappy and destructive and, and this sense of not being captain of my own soul, that, that gets embodied, literally* Carol: *-I remember as a kid – don't do that it's bad for you, don't smoke kind of things, kind of things like that and it … maybe people just react against that kind of control*	Pg 7 line 18 Pg 8 line 1 Pg 8 line 11 Pg 9 line 35 Pg 9 line 16b
3. Communication: Words Aren't Enough Christine: *- whatever way using the body is a very effective way of expressing … difficult thoughts and feelings* Ruth: *- part of it is their need to show the external world that they are suffering and not happy and can't cope or manage or it's giving some very overt message* *-with an eating disorder .. you can see it so it's a very overt way of showing people that you are not ok* *-I suspect that for most anorexics it is .. something, it communicates something because it gets them out of whatever it is they don't want* *- … if there is a fear that words aren't going to get want they want then this is a very good way of getting it* Sam: *- the only thing that feels .. safe .. is to .. you know – not eat or stop eating or control that side things ..* *R: mmm* *you know if I get so thin and disappear maybe people won't notice that I'm not doing what … they want me to do* Meg; *- what they are doing to their bodies is very clearly an act of what they s.., how they if you want to think about it in terms of their soul .. it's an expression isn't it of what's kind of going on internally .. in some way … … I would agree – if I've understood that right, the way I've interpreted it I would probably agree with that .. because is it a way of very explicitly saying or communicating .. a, a pain of some kind* *- for anorexia that is an incredibly powerful way of communicating to the world, to other people their unhappiness* *- .. it's useful because it's making the link between the mind and the body and that .. people with anorexia are using their body to communicate how unhappy they are*	Pg 15 line 3 Pg 10 line 54 Pg 14 line 25 Pg 15 line 22 Pg 15 line 39 Pg 11 line 19 Pg 11 line 30 Pg 12 line 16 Pg 13 line 36
Understandings of Counselling Psychology in Relation to the Concept of Embodiment	

Christine: *- in CAT it would be an enactment of, of an experience whether that's an emotional one or a cognitive one, it's just kind of, it's more embodied so it's a whole experience*	Pg 12 line 21
Mary: *- I think the soul and the body are working together all the time, I dunno, that's how I'm reading it and that's how I see it, it's not just about – oh you look as if you are this and you feel this .. it's about what is really there, this might look like this but what is really there and lets get the two together and see why it's looking like that on the outside but may not be like that on the inside*	Pg 13 line 8
Ruth: *- maybe that's part of what I was doing with the anorexic that, that it's their spirit that you are trying to wake up and, .. and .. um … begin to accept their body a bit more*	Pg 10 line 39
- maybe one of one's signs of actually having quite a good therapy is helping them to be aware of their spiritual side as well as their bodily side	Pg 11 line 8
Tanya: *- it's never up to us how to move people from moment to moment, it's offerings we give always and you know with consistency, not giving up, and I mean it's why I very much like the [name removed to protect confidentiality] model is that people aren't given up on, the sense that somewhere, and I've watched people turn again and again around and say I'm now willing to talk and because there are people around who are willing to listen and then the boat sails, and then it's freed out of the imprisonment, I don't think you can force that, I don't think we can manipulate that, um I think we have consistently to be aware, to be ready, to be able, to be empathic, to - you know and it may take a lot of building and constructing of relationships and time and care and ahhh … all the sorts of things one constructs – understanding, a dialogue, a language .. before that happens, I don't think it's ever, ever, ever within the therapists control, it's always, always, always within the patients*	Pg 10 line 59
- we kind of have to sit back and wait till our patients are ready .. and human nature is with us on the whole because people do want to live and do want to thrive and do want to be captains of their own soul	Pg 11 line 29
Carol: *- knowing that people are out of relationship .. with their bodies erm … is useful, is useful to me … to help them try and bring themselves back into relationship, .. but that, that's just an ongoing fight (laughs) erm .. that's going to be something that you never succeed at is, is trying to keep them separate*	P8 line 43
Do you think this concept is of any assistance to you in your practice with individuals diagnosed with anorexia nervosa?	
Christine: *- talking about it does remind me of why I do do this work and that it because yeah, when you see people trapped in that mind/body split whereby their mind is controlling their body in order to manage what they can't manage in life it's very, very sad*	Pg 17 line 27
- and I think on a day to day basis even working with eating disorders you forget that um ..a lot of the time, you know .. but actually it's um, it's a very .. very destructive illness, but I do think .. our, the way we think about mind body doesn't help in our culture em .. I don't think .. erm .. I don't want to go down that route but, you know, I don't think it helps ..	Pg 17 line 34

Mary: *- I would, absolutely there is relevance* *- so I think it's important not only to focus on what I may be seeing and not let that get in the way, I wouldn't want that to get in the way of me .. being able to hear the person or to get to know the person, to get to understand the person* *R: mmm … are you saying there is something about this idea that would be helpful to you in trying to do that?* *TP2: I think definitely, because I, I think it's easy to, when we see someone who is ill … maybe with, with anorexia and is .. really, really underweight, I think that can initially affect us but if we keep in mind that .. this is just part of the person, um … … yeah, it, it's just part of the person, that's not everything and hopefully as well as acknowledging .. what we are seeing to ourselves … we can see what's really behind that as well* *- , it relates to what I think I was saying earlier about … being aware … of maybe more than … what appears to be on the outside .. because I think there is something going internally …* *- I do find it useful, I like it because to me it makes sense that a person is not just … uh .. person is, is far more complex than … … than what we see* *- it's made me thoughtful of what I've just said, you've got me going away thinking now about how, how it actually it is, it is ok after saying what's inside doesn't portray the outside .. it's actually ok, a lot of the time, I think* we all do it, we do it to make ourselves feel safe .. and maybe if we are not able to do that we really will not be safe Shona: *- I think yes.. because erm … the sense of self erm … .. and character and .. the individual … if the, the body would have an effect, it wouldn't necessarily .. be the person, the person's .. the body erm … helps them to actually … nurture that part of themselves you know, if you are able to actually have a healthy body you can .. travel if you have a healthy body you can actually think things through problematic things, it means that you could take on erm .. interests, studies, it means that erm .. you, you can have fun, you can erm …. You, you can actually feel that, that actually you can manage and tolerate your feelings and not become .. diminished in any way* Ruth: *TP04: well I suppose the other extract, which stands out now is the subject and object thing, we are only .. in a way who we are in relationship to somebody else so if you completely isolate yourself – who are you if you are on a dessert island you wouldn't know anything about tall, short, fat, thin, dark* *R: mmm* *TP04: or whatever, would you?* *R: mmm .. so there is something about this that makes you think about kind of relational contexts?* *TP04: absolutely and I think that's one of the things that gets a bit lost when you are really seriously ill with anorexia you no longer relate to anybody ..* *Sam:* *- I don't think .. as we are growing up, and these are often very young people, I don't constantly question everything or analyse everything, you*	Pg 11 line 43 Pg 12 line 18 Pg 12 line 55 Pg 14 line 57 Pg 15 line 48 P14 line 35 Pg 12 line 55

just know something is wrong, you just feel it … *R: mhmm* *TP05: erm … so on that level I think it is use, it is a useful concept .. whether they can do anything about it is another thing .. cos I think if you grew up in a family who are .. high achievers, constant strivers and you're not … nothing actually wrong with being unambitious but you've got to accept that you are different … and if you can't then there is a problem …*	Pg 9 line 43
Tanya: *-I absolutely agree .. it's a different language but I think I'm saying the same thing, the only power that somebody can find is in their body, um …watching the film Invictus, which was about rugby players in South Africa with Nelson Mandela, there was a quote from Nelson Mandela – "I am captain of my own soul"* *- that's what we are ultimately trying to work with so the embodiment .. or in the body, embodiment .. I guess does take it in the body, it's a place to start as well um .. being well .. uhhh … … … it's half, I suppose what it is and .. illness of the body … … and what people do with it and what that does to the soul I think is something we don't look at very much* *- So I think it's of great use and it is hard to pin down because it is and it always has been, the soul, the psyche has never been pinned down …uh it's a … it's consciousness isn't it, we can't … we can't … so yes I think the notion of embodiment is excellent*	Pg 7line 4 Pg 9 line 3 Pg 11 line 48
Carol: *- … I don't know … that's a tricky one actually I think, I think err .. I don't know I was going to talk of the body image groups but that's not erm …* *R: that's not …?* *TP08: I was going to say that's not appropriate for … this interview … … erm … … … … yeah, I suppose, I, yeah, was thinking there's not many people, I'd say that there has been .. the majority of people that I haven't spoken .. erm .. to .. you know, specifically about there relationship between their bodies and their minds .. em but there have been some people that I have erm … … and a lot, a lot of people are quite angry with their bodies, the people that I have spoken to, are angry with their bodies and feel like they've let, their body lets them down … … erm … … but, but the body always wins as well .. the body, if, you know if you try and just push it too much erm … there's one girl who would talk about running and that she would run regardless of how she felt and she would manage it but the next day she would be absolutely crippled so then felt like her body .. was fighting against her* *R: mm* *TP08: even though she was her body (laughs)* *-, I suppose erm … … knowing that people are out of relationship .. with their bodies erm … is useful, is useful to me … to help them try and bring themselves back into relationship, .. but that, that's just an ongoing fight (laughs) erm .. that's going to be something that you never succeed at is, is trying to keep them separate … …*	Pg 7 line 59 Pg 8 line 42
Meg: *- .. it's useful because it's making the link between the mind and the body and that .. people with anorexia are using their body to communicate how unhappy they are, there are lots of people out there that just think – oh well*	

you should eat and then it will be all right, or what's your problem? Or – you know all of that, that kind of attitude, people that don't know much, something like this might get people to think about – there is more to it than that, it runs a lot deeper, that it says something about what is going on for them internally and the body is an expression of that .. *- … it does make you think more .. or get you back in touch with thinking about .. what's really going on for somebody that has anorexia, their body is a vehicle to express something or other there is a lot going on underneath,*	Pg 13 line 56 Pg 15 line 17

Appendix E

Frequency of Themes for Participants									
Themes \ Participants	Christine	Mary	Shona	Ruth	Sam	Tanya	Carol	Meg	Theme occurs in half or more?
In your experience what have you found helpful and unhelpful in working with individuals diagnosed with anorexia nervosa?									
General understandings of the diagnosis of anorexia nervosa:									
1. Emotional Control	Y	Y	Y	Y	N	N	N	Y	5 = Y
2. Control	N	N	N	N	Y	N	N	N	1 = N
3. Unworthy of Needs	Y	Y	Y	Y	Y	N	N	N	5 = Y
4. Impossibility of Being-in-the-world	Y	N	Y	N	N	Y	N	N	3 = N
Helpful:									
1. Models of Understanding	Y	N	Y	Y	Y	Y	Y	Y	7 = Y
2. Power-Relationships	Y	Y	Y	Y	Y	Y	Y	Y	8 = Y
3. Understanding Weight Issues	Y	N	Y	Y	Y	Y	Y	N	6 = Y
4. Externalising Issues	N	N	N	Y	N	N	Y	N	2 = N
5. Understanding Ambivalence and Working Motivationally	N	N	N	Y	Y	Y	Y	Y	5 = Y
6. Knowledge and Experience	N	N	N	N	N	N	Y	Y	2 = N
7. Supervision and Teamwork	Y	N	N	N	Y	Y	N	N	3 = N
8. Using Intuition	N	Y	N	Y	N	N	N	N	2 = N
Unhelpful:									
1. Don't Talk About Food and Weight	N	N	N	Y	N	Y	Y	Y	4 = Y
2. Avoid Control Battles, Re-feeding and Overemphasising Weight Gain	Y	N	N	N	N	Y	Y	Y	4 = Y
3. Therapist Factors	N	N	N	N	N	Y	Y	Y	3 = N
4. Client Factors	N	N	N	Y	Y	N	N	Y	3 = N
5. Mental Health Act Sections	N	N	N	N	N	N	Y	Y	2 = N
6. Standard Approaches	Y	N	N	N	N	N	N	Y	2 = N

Participants / Themes	Christine	Mary	Shona	Ruth	Sam	Tanya	Carol	Meg	Theme occurs in half or more?
The particular area of interest for this research is the concept of embodiment, what do you make of the following quote regarding this?									
Understandings of the Concept of Embodiment									
1. Ontology	Y	Y	Y	Y	N	Y	Y	Y	7 = Y
2. Embeddedness and Interconnectedness	Y	N	Y	Y	Y	Y	Y	N	6 = Y
3. Temporality	N	N	N	N	N	Y	Y	N	2 = N
Understandings of the Diagnosis of Anorexia Nervosa in Relation to the Concept of Embodiment.									
1. Ontological Split: Controlling Minds Punishing Bodies	Y	Y	Y	Y	Y	Y	Y	Y	8 = Y
2. Power and Agency	Y	N	Y	Y	Y	Y	Y	N	6 = Y
3. Communication: Words Aren't Enough	Y	N	N	Y	Y	N	N	Y	4 = Y
Understandings of Counselling Psychology in Relation to the Concept of Embodiment	Y	Y	N	Y	N	Y	Y	N	5 = Y
Do you think this concept is of any assistance to you in your practice with individuals diagnosed with anorexia nervosa?									
Responded that something was useful about the concept	Y	Y	Y	Y	Y	Y	Y	Y	8 = Y
Number of Grouped Themes Present of Possible 26	16	8	11	17	13	16	17	15	